

AGING POLICY: A CASE STUDY OF
CO-ORDINATION
IN CANADIAN GOVERNMENTS

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ABSTRACT

Canada is an aging society. The number of people aged sixty-five and over is rising, while the number of people under twenty is declining. These two concurrent changes in the age structure have produced a shift in the demographic composition of Canada which is commonly referred to as the aging phenomenon.

Regardless of whether or not the number of people under twenty continues to decline, the number of elderly in Canada will almost double over the next twenty years. This rapidly growing elderly clientele will doubtless have an impact on Canadian governments. Federal, provincial and municipal governments are presently providing a variety of programs that have a special bearing on the aged and most senior citizens are beneficiaries of one or more of these programs. The ramifications of a rapidly growing elderly clientele are obvious.

In order to cope with the impact of a significant increase in the number of elderly persons, the development and implementation of aging policy must be co-ordinated at each level of government and between and among levels of government. If aging policy is not co-ordinated, the results are likely to be: inappropriate policy decisions; duplication and overlap; and, ineffective and irresponsive services. No one benefits from these results. The need for co-ordination is apparent.

The purpose of this thesis is to examine existing governmental efforts to co-ordinate policy in the field of aging. These efforts are examined by focusing on interactions directed at co-ordination between and among major actors in aging policy. A framework is used to structure the description and analysis of these interactions. The variables of formalisation and intensity and the concept of power are instrumental in analysing interactions for co-ordination. The underlying intent of this thesis is to discover some of the main gaps in existing governmental efforts to co-ordinate aging policy.

Gaps are, in fact, discovered. Several explanations for the existence of gaps in interactions for co-ordination are discussed. A major hypothesis involving a relationship between a bureaucratic form of organisation and interactions for co-ordination is suggested. Finally, three recommendations for improving co-ordination in aging policy are offered.

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Coordination will not necessarily occur unless a conscious effort is made to cause it to occur. Responsibility has to be assigned to ensure the process is initiated and to overcome the inertia inherent in the patterns of humans and the organisations they form.

Graham Clarkson

"The Need for Coordination in Planning and in Programs and Services", National Symposium on Aging, 1978.

CHAPTER I

Introduction

The Aging Phenomenon

Canada has "come of age." An aging society has been defined as one whose proportion of the population aged 65 and over exceeds the 8 per cent mark.¹ Canada passed that mark in 1971. By the year 2001, the elderly (i.e., people aged 65 and over)² will account for 12 per cent of the total population.³ This percentage will continue to climb until it peaks in 2031 around the 20 per cent mark. These projections for increases in the proportion of aged persons in Canada are based on current birth rates and migration patterns.

The increase in the proportion of the elderly is the result of two concurrent changes in the age structure. The number of people aged sixty-five and over is rising, while the number of people under twenty is declining. These two changes have produced a shift in the demographic composition of Canada which is commonly referred to as the aging phenomenon.

A Rapidly Growing Elderly Clientele

Regardless of whether or not the overall *proportion* of persons aged sixty-five and over will increase according to the projections noted above, the next two decades will witness a near doubling of the *number* of elderly in Canada. This increase in the number of people aged sixty-five and over is not premised on assumptions (i.e., the current birth rates and migration patterns remain constant), but on present demographic evidence.⁴ In the mid 1970's, the elderly comprised approximately 1.7 million of the total Canadian population. They will, barring some future catastrophe, account for about 3.3 million of the total population by the year 2001. This increase does not even include the baby boom children whose first members will turn sixty-five shortly after the turn of the century.

For the governments of Canada, an increase in the number of elderly of this magnitude means that they are faced with a rapidly growing elderly clientele. Federal, provincial and municipal governments are presently involved in the provision of programs for the aged (i.e., programs which have a special bearing on the elderly). Most senior citizens are recipients of one or more of these programs. At the very least, a rapidly growing elderly clientele will result in increased government expenditures. Governments will have to spend more money on existing programs for the aged simply because more of them will be using these programs, and this is only one of many likely repercussions of a rapidly growing elderly clientele.⁵

The Need for Co-ordination

In order to cope with the ramifications of a rapidly growing elderly clientele, the development and implementation of aging policy must be co-ordinated. The *development of policy* involves both the selection of objectives and the means to achieve those objectives. *Policy implementation* refers to the actual delivery of the means (e.g., programs) selected to achieve policy objectives. *Aging policy* entails a number of diverse programs (e.g., income assistance, living accommodations, health services and transportation subsidies) and it is generally viewed as falling under the umbrella of social policy.⁶ The word *co-ordination* implies a bringing together of parts into proper relation.⁷ Therefore, the co-ordination of the development and implementation of aging policy involves: (1) relating aging policy objectives to each other; (2) relating these objectives to the means of achieving them; (3) relating objectives and means to the practicalities of implementation; and, (4) relating the actual delivery of the means selected to achieve policy objectives. Furthermore, these various parts must be related in such a way that: (1) appropriate policy decisions are selected; (2) duplication and overlap are avoided; and, (3) effective and responsive services are provided.⁸ The word *proper* in the previously cited definition of co-ordination pertains to the kind of relation that must be made in order to fulfill these three criteria.

Co-ordinating the development and implementation of aging policy is not an easy task. In the first place, aging

policy is not homogeneous. As noted above, it is a mixed bag composed of related but not similar programs. Secondly, this very characteristic of aging policy means that a variety of governmental and nongovernmental actors are directly or indirectly involved in its development and implementation. Governmental actors include departments or agencies at all three levels of government. Aging policy does not fit neatly into any one constitutional area of jurisdiction nor does it fall within any one vertical portfolio.⁹ Nongovernmental actors consist of organisations at each level of government which represent or provide services to the elderly (e.g., advisory councils on aging, associations on gerontology and senior citizens' groups). Both the multifaceted nature of aging policy and the variety of actors involved in this policy field make co-ordination difficult yet necessary. For example, not only must the development and implementation of aging policy be co-ordinated at each level of government but the same exercise must occur between and among levels of government.¹⁰

Co-ordination in Government

The subject of co-ordination in government has generated much discussion among academics and practitioners. It has become increasingly important as governments have grown in size and complexity. More research is needed, however, to discover how governments perform or achieve co-ordination. Implicit in this statement is the recognition that co-ordination is both a separate managerial activity (i.e., one of several managerial functions in Luther Gulick's formulation of POSDCORB--planning

organising, staffing, directing, co-ordinating, reporting and budgeting), and a result of other managerial activities (i.e., co-ordination is achieved by good planning, good organising and so on).

Since co-ordination can be both a separate managerial activity and the result of other managerial activities, how can co-ordination in government be examined? The key to answering this question lies in examining interactions between and among actors within a policy field.¹¹ All managerial activities require some kind of interaction. Consequently, regardless of whether or not co-ordination is a separate managerial activity or the result of other managerial activities, interaction is required. It is, therefore, possible to examine co-ordination in government through the identification and analysis of interactions between and among actors in a policy field.

For analytical purposes, it is not necessary to scrutinise all interactions. While co-ordination requires interaction, not all interaction is linked to co-ordination. Interactions can take place for any number of reasons. Only those interactions that involve a conscious effort to co-ordinate or a deliberate attempt to achieve co-ordination can be evaluated for cause and effect relationships.¹² Such interactions go beyond a mere exchange of information or some process of negotiation.¹³ They involve a deliberate intent to bring parts into proper relation. Consequently, co-ordination in government can be examined by focusing on interactions specifically aimed or directed at co-ordination.

The Purpose and Methodology

The purpose of this thesis is to identify, describe and analyse interactions conducted explicitly for the purpose of co-ordinating the development and implementation of aging policy at each level of government and between and among orders of government. In the process of fulfilling this objective, an overall assessment of present governmental efforts to co-ordinate policy in the field of aging can emerge. This thesis, in large part, is designed to discover some of the major gaps in these efforts and its findings can lead to specific recommendations for improvement. The discovery of gaps and recommendations for improvement are especially important at this point in time since any existing deficiencies in efforts to co-ordinate aging policy are likely to be exacerbated as the number of elderly increases.

The methodology used in this thesis incorporates description and analysis. At least in this thesis, the two cannot be easily separated.¹⁴ A characteristic feature of any new research is that a detailed account of its subject matter requires constant critical examination. For example, analysis is an integral part of the process of gathering and selecting relevant information for the purpose of description. Analysis is also required for the accurate depiction of a subject matter.

Given the difficulty of separating description and analysis, it is possible to distinguish generally between the two with respect to the contents of this thesis. The

descriptive part of the thesis essentially centres on describing interactions specifically directed at co-ordinating the development and implementation of aging policy at each level of government and between and among orders of government. The analytical part of the thesis involves an analysis of these interactions according to the variables of formalisation and intensity and the concept of power.

Interactions aimed at co-ordination can be analysed according to the variables of formalisation and intensity.¹⁵ Each of these variables has two measures. The two measures of formalisation are: (1) the extent to which interaction for co-ordination has received official approval; and, (2) the extent to which a co-ordinating mechanism exists between the actors involved.¹⁶ Co-ordinating mechanisms are structures that exist to facilitate interactions for the purpose of co-ordination. The two measures of intensity are: (1) the extent of the resources required by the interaction for co-ordination (i.e., the size of the resource investment in terms of time, personnel, and money); and, (2) the frequency of the interaction aimed at co-ordination (i.e., the regularity of interaction).¹⁷ It should be noted that in this thesis the variables of formalisation and intensity only pertain to interactions explicitly aimed at co-ordination. In addition, groups of interactions as opposed to individual interactions are analysed with respect to formalisation and intensity. It is beyond the scope of this thesis to examine each individual interaction.

The concept of power is also useful for analysing interactions. Interactions constitute relations between and among actors. It is generally agreed that power is a relational concept. Power can be defined as "the capacity to secure the dominance of one's values or goals."¹⁸ Kernaghan views power as taking two forms; namely control and influence. He defines control as "that form of power in which A has the authority [in the legal-rational sense] to direct or command B to do something."¹⁹ In this case, A exercises control over B. Influence is described as "a more general and pervasive form of power than control. . . . B conforms to A's desires on the grounds of suggestion, persuasion, emulation, or anticipation" ²⁰ In this case, A exercises influence over B. The possession of legal-rational authority does not exclude the use of influence, but the absence of the former does preclude the use of control. In addition, the exercise of control or influence is not necessarily unidirectional. B can respond to A's use of control or influence with the reciprocal exercise of influence. Interactions for the purpose of co-ordination can, therefore, involve the use of control and/or influence. Hence, the concept of power is an important tool for analysing these interactions.

An Overview of the Thesis

In all, this thesis required several steps. The first step entailed an accumulation of data from the following sources:

1. Published literature on the aging phenomenon and demographic trends in Canada
2. Published literature, both theoretical and practical in nature, on co-ordination
3. Published government literature (e.g., pamphlets, annual reports, studies)
4. Unpublished internal government literature (e.g., confidential reports, working papers, memoranda)
5. Correspondence and interviews with key governmental actors in the field of aging at each level of government
6. Correspondence with key nongovernmental actors from organisations which represent or provide services to the elderly

Written correspondence and personal interviews with governmental and nongovernmental actors took place from May 1980 to January 1981. Each actor was asked a series of questions designed to elicit information on:

1. Governmental and nongovernmental actors directly or indirectly involved in aging policy at each level of government
2. Interactions deliberately directed at co-ordination in the field of aging
3. An assessment of these interactions according to the variables of formalisation and intensity

The next two steps of this thesis included the use of a framework to organise the data collected from step one and to structure the description and evaluation of interactions. The final step involved the formulation of general conclusions, recommendations for improvement and suggested hypotheses for further investigation.

In addition to this introductory chapter, there are six other chapters in this thesis. Chapter II outlines the framework that was used to structure the description and evaluation of interactions for the purpose of co-ordination in aging policy. Chapters III, IV, and V focus on interactions at each level of

government, while Chapter VI deals with interactions between and among orders of government. The final chapter contains general conclusions, recommendations for improvement and hypotheses regarding co-ordination in the field of aging.

CHAPTER II

A Useful Framework

Kernaghan's Institutional Framework

The framework used in this thesis to structure the description and analysis of interactions is a modified version of an institutional framework developed by Kenneth Kernaghan for the purpose of analysing public organisations.

Kernaghan's institutional framework is designed to identify and examine a number of interactions between and among various actors or participants in the policy process.²¹ More specifically, it focuses on interactions: (1) within public organisations; (2) between and among public organisations; and, (3) between and among public organisations and other actors in the policy process. *Interactions* can flow in two directions (i.e., from one actor to another and back) and they can be conducted by specific individuals (e.g., cabinet minister, deputy minister) or a collectivity (e.g., government department, pressure/interest group). The term *public organisation*, as it is used in the framework, refers to a government department or agency. *Other potential actors* in the policy process include: government institutions at one level of government (i.e., the executive, the legislature and the courts); public organisations and government institutions at other levels of government

as well as intergovernmental bodies (e.g., intergovernmental committees and conferences); and, nongovernmental organisations (e.g., interest/pressure groups, news media).

The concept of *power* underlies Kernaghan's institutional framework. Power, depicted as a relational concept, is interpreted as the sum of control and influence. The interactions identified by the framework can be examined according to whether they involve the exercise of control or influence or both of these forms of power.²² The exercise of control or influence, like the interactions themselves, is not necessarily unidirectional. For example, one actor can exercise control in an interaction while the recipient of that interaction exercises influence in return. Both control and influence can be used in interactions within and between organisations; however, intraorganisational interactions generally involve the exercise of control and interorganisational interactions tend to involve the exercise of influence.

The institutional framework developed by Kernaghan is depicted in Table 1. Its major components are: broad patterns of interaction; categories of interaction; actors involved in each category of interaction; and, the power resources available to the actors. All of the potential interactions suggested by the framework are viewed from the *perspective* of a particular government department at a specific level of government. It is the department which remains the *constant* actor throughout and any interactions devoid of departmental participation are not considered.

Kernaghan's Institutional Framework

1 Broad Patterns of Interaction	2 Major Categories of Interaction	3 Actors	4 Power Resources
Internal	Intradepart- mental	Line Units Staff Units Field Units	
External (within Government)	Interdepart- mental	Focal Department Other Departments	
	Executive- bureaucratic	Focal Department Prime Minister/ Premier Cabinet/Executive Committee Central Agencies/ Cabinet Secretariats	Expertise Experience Discretionary Power Clientele Support Appointment/Removal Powers Information and Advice from Central Agencies Chairmanship of Cabinet Electoral Support
	Legislative- bureaucratic	Focal Department Parliament/ Legislatures/Councils Officers of Parliament/ Legislatures	
	Judicial- bureaucratic	Focal Department Federal Courts/ Provincial Courts	
External (outside Government)	Intergovern- mental	Focal Department Government Departments and Institutions at other Levels of Government Intergovernmental Bodies	
	Governmental- nongovernmental	Focal Department Nongovernmental Organisations	

The framework is divided into four vertical columns and each column contains a number of horizontal subdivisions. Column one lists three broad patterns of interactions. They are:

1. *Internal interactions* (i.e., interactions within a government department--the department selected as the constant actor throughout all interactions or the focal department)
2. *External interactions within government* (i.e., interactions between the focal department and other government departments and institutions at the same level of government)
3. *External interactions outside government* (i.e., interactions between the focal department and government departments and institutions at other levels of government as well as intergovernmental bodies and nongovernmental organisations)

The first broad pattern of interactions can also be classed as intraorganisational interactions. The other two patterns of interaction constitute interorganisational interactions.

The three broad patterns of interaction are further subdivided into seven major categories and listed in column two. The seven major categories of interaction are:

1. *Intradepartmental interactions* (i.e., interactions within the focal department)
2. *Interdepartmental interactions* (i.e., interactions between the focal department and other departments at the same level of government)
3. *Executive-bureaucratic interactions* (i.e., interactions between the focal department and the executive at the same level of government)
4. *Legislative-bureaucratic interactions* (i.e., interactions between the focal department and the legislature at the same level of government)
5. *Judicial-bureaucratic interactions* (i.e., interactions between the focal department and the courts at the same level of government)
6. *Intergovernmental interactions* (i.e., interactions between the focal department and departments and institutions at other levels of government as well as intergovernmental bodies)

7. *Governmental-nongovernmental interactions* (i.e., interactions between the focal department and nongovernmental organisations at the same level of government)

The first category of interaction corresponds to the first broad pattern of interaction. Categories two through five correspond to the second broad pattern of interaction. The last two categories correspond to the third broad pattern of interaction.

Column three of the framework lists the potential actors for each of the seven major categories of interaction. In each case, the focal department is included since it is the constant actor throughout all the categories of interaction. For example, along with the focal department other actors in executive-bureaucratic interactions are the prime minister, the cabinet and central agencies. Column three can be further refined to include subunits of various actors (e.g., cabinet--cabinet committees, central agencies--Privy Council Office, Treasury Board Secretariat). Even these subunits can be broken down to specify individual actors (e.g., ministers, bureaucrats).

Column four is reserved for a listing of the power resources (i.e., the primary means of control and influence) available to the actors involved in each category of interaction. The restriction on space does not allow for a comprehensive list of the power resources available to all the actors in all the interactions. Therefore, only the power resources available to the focal department and the prime minister in executive-bureaucratic interactions are enumerated in Table 1.

Advantages Associated with the Use of Kernaghan's Institutional Framework

There are certain advantages associated with the use of Kernaghan's institutional framework which make it ideal for the purpose of this thesis. The most obvious of these advantages is that it is designed to focus on interactions between and among actors in the policy process. This feature can be easily adapted to identify and examine actors and their interactions for any number of purposes, including interactions aimed at co-ordinating the development and implementation of aging policy. The framework also allows for an examination of multiple interactions between and among multiple actors and it can be applied to all levels of government. This characteristic is especially advantageous in tracing the actors involved in policy fields without a single governmental or departmental home (e.g., aging policy) and in linking their interactions. Furthermore, the framework can be used repeatedly from the perspectives of different focal departments. It can be applied to each department with major program responsibilities in the field of aging at each level of government. Since Kernaghan's framework draws attention to the importance of power in characterising interactions, it lends itself to an examination of the role of power in interactions directed at co-ordination. This trait is particularly useful in view of the intention of this thesis to analyse interactions for co-ordination in aging policy according to the forms of power available to the actors involved. Finally, the institutional framework developed by Kernaghan provides a systematic way of

collecting, ordering and analysing data. For example, it allows for the detection of gaps in present efforts to co-ordinate the development and implementation of policy in the field of aging. In respect of the advantages derived from the use of the institutional framework, it is employed in this thesis to structure the description and evaluation of interactions for co-ordination in aging policy.

A Modified Version

Despite the advantages associated with the use of Kernaghan's framework, some modifications are desirable given the purpose of this thesis. First, it is only used to identify and examine those interactions intended for co-ordination in the development and implementation of policy in the field of aging. The framework was originally created to focus on interactions in the policy process. Secondly, the spatial arrangement of the framework depicted in Table 1 is rearranged to permit a substitution of one column and an addition of another. The changes are shown in Table 2. The level of government and the focal department appear at the top of the new table. The three broad patterns of interaction and the seven major categories of interaction are collapsed into column one. The second column lists the potential actors for each category of interaction. The third column registers the form of power, control and/or influence, available to each actor instead of their power resources. This substitution allows for a more direct examination of the role of power in interactions for the purpose of co-ordination. The fourth column characterises interactions

Modified Version of Kernaghan's Institutional Framework

Level of Government--(e.g., Federal Government)

Focal Department--(e.g., Dept. of National Health and Welfare)

1 Broad Patterns and Major Categories of Interaction	2 Actors	3 Form(s) of Power Available to Actors	4 Formalisation and Intensity of Interactions
Internal	Line Units Staff Units Field Units	Columns three and four are reserved for the last chapter of this thesis.	
Intradepartmental			
External--Within Government	Focal Dept. Other Depts.		
Interdepartmental			
Executive- bureaucratic	Focal Dept. Prime Minister Cabinet Central Agencies		
Legislative- bureaucratic	Focal Dept. Parliament Officers of Parliament		
Judicial- bureaucratic	Focal Dept. Supreme Court Federal Court		
External--Outside Government	Focal Dept. Departments and Government Institutions at Provincial and Municipal Levels of Government Intergovernmental Bodies		
Intergovernmental			
Governmental- nongovernmental	Focal Department Nongovernmental Organisations		

according to the variables of formalisation and intensity. This addition to the framework is desirable because it provides for the creation of comparisons among the categories of interaction with respect to present efforts to co-ordinate aging policy. Neither the third nor fourth columns are completed at this time. They are reserved for the final chapter of this thesis. The various modifications noted above do not detract from the usefulness of the original framework. They do, however, tailor it to meet the needs of this particular thesis.

CHAPTER III

Interactions for the Purpose of Co-ordination in the Field of Aging at the Federal Level of Government

The Federal Government's Role in Aging Policy

The federal government has a limited role in the field of aging. Most of the programs applicable to the elderly (e.g., health and social services, transportation, housing) are under the constitutional jurisdiction of provincial governments. The federal government does, however, provide financial assistance to provincial governments for some of these programs (e.g., medicare). Programs directly provided by the federal government for the aged derive mainly from its activity in the area of income maintenance.²³

The majority of programs provided by the federal government specifically for the elderly fall under the general rubric of income security. They are: Old Age Security (OAS), Guaranteed Income Supplement (GIS), Spouses' Allowance (SPA), and the Canada Pension Plan (CPP). One other major program designed for the aged is the New Horizons Program. It is not an income-related program; rather, it provides grants to seniors' groups for various social and recreational projects which are organised and operated by seniors for the benefit of the community.

There are several other programs administered by the federal government that are applicable to the elderly as part of some other clientele (e.g., veterans, handicapped, consumers). Some of these are:

- veterans' benefits
- grants to provincial transportation
- projects for the elderly and handicapped
- general consumer programs
- the provision of support materials (e.g., information, brochures) for physical fitness
- financial assistance for special housing projects
- special income tax deductions for the aged

The Actors

Public Organisations (i.e., Federal Departments)

The preceding brief overview of the federal government's role in aging policy suggests that despite its limited activity in the field of aging many departments are involved. The most notable of these departments are: Health and Welfare Canada, Veterans Affairs Canada, Transport Canada, Consumer and Corporate Affairs, Finance, and Canada Mortgage and Housing Corporation. Lola Wilson, Departmental Co-ordinator and Consultant on Aging for Health and Welfare Canada, noted that "anything that touches society touches the aged," and virtually every federal government department is involved in the field of aging in some way.²⁴

While many departments are involved in aging policy, the extent of their involvement varies. Most departments have minor program responsibilities in the field of aging. For example, Veterans Affairs Canada administers various benefits for veterans and some of these have particular significance for

elderly persons (e.g., War Veterans and Civilian War Allowances). Transport Canada has a program that provides grants to provincial transportation projects for the elderly and the handicapped. One department has, however, major program responsibilities in the field of aging. The Department of National Health and Welfare administers all of the income security programs (i.e., OAS, GIS, SPA, and CPP) that apply to the elderly and it is also responsible for the New Horizons Program which has its own director and staff. The program responsibilities of the Department of National Health and Welfare suggest that its involvement in aging policy is more extensive than any other federal department. In fact, officials at the federal level of government indicated that aging policy is mainly the responsibility of the Department of National Health and Welfare.

The central role played by Health and Welfare Canada in the field of aging is further evidenced by the following:

- the presence of a Departmental Co-ordinator and Consultant on Aging within Health and Welfare Canada
- the creation of an Office on Aging within the Department of Health and Welfare
- the establishment of a Health and Welfare Departmental Co-ordinating Committee on Aging (i.e., an intradepartmental committee)
- a newly created National Advisory Council on Aging which reports to the Minister of Health and Welfare

No other federal department has devoted such attention to aging concerns. Since the Department of National Health and Welfare is the major departmental actor in aging policy at the federal level of government, it is used in this chapter as the focal

department for the purpose of describing and analysing interactions aimed at co-ordination.

Other Actors in the Field of Aging

Government Institutions at the Federal Level

The executive of government which according to the framework used in this thesis includes the prime minister, the cabinet, and central agencies is of course active in all policy fields, including aging.²⁵ For the most part, the role of the executive in aging policy takes place within the larger context of social policy (i.e., no cabinet minister, cabinet committee, or central agency is solely devoted to aging concerns).

Within the context of social policy, several subunits and individual actors are important to note. They are:

1. *The cabinet*--ministers of social policy departments (e.g., Health and Welfare Canada, Veterans Affairs Canada, Canada Mortgage and Housing Corporation); Minister of State for Social Development
2. *Cabinet committees*--Priorities and Planning, Treasury Board and the Committee on Social Development
3. *Central agencies*--Treasury Board Secretariat, Privy Council Office, Federal-Provincial Relations Office and the Ministry of State for Social Development

Some of these actors (i.e., Priorities and Planning Committee, Treasury Board and central agencies) are, given their specific functions, engaged directly or indirectly in all policy fields (e.g., social policy, economic policy). The cabinet as a collectivity is also concerned with all the activities of government. All of the actors listed, however, have a role in aging policy which mainly involves policy planning and resource management under the umbrella of social policy.

Neither parliament nor the courts (i.e., the Supreme Court and the Federal Court) appear to be key actors in the field of aging. In one sense, parliament has a minor role in that its approval is required for any proposed legislation, including proposals which affect the elderly (e.g., new pension legislation, mandatory retirement). In another sense, parliament can affect aging policy through its exercise of various controls over the bureaucracy. There is a parliamentary Committee on Health, Welfare, and Social Affairs that deals with aging concerns as part of social policy, but it has never received a specific mandate to study aging policy. This Committee is, however, regularly involved in the "scrutiny of the legislation, policies and programmes of the Department of National Health and Welfare . . . ", and has from time to time during its study of bills that have been referred to it or during its regular reviews of government budgetary estimates raised questions about various issues in aging policy (e.g., old age pensions, the Guaranteed Income Supplement).²⁶ The senate has at least on two occasions in recent years had special committees (i.e., the 1966 Special Senate Committee on Aging and the 1979 Special Senate Committee on Retirement Age Policies) that focused on aging concerns. These committees produced reports (i.e., *Final Report of the Special Committee on Aging and Retirement Without Tears: A Report of the Special Senate Committee on Retirement Age Policies*) which, among a number of recommendations, included a concern for co-ordination in the field of aging.²⁷ The

courts, in view of the doctrine of parliamentary supremacy, do not really have a role in any policy area unless questions of jurisdiction (i.e., violations of jurisdiction) or questions of law (e.g., error on the face of the record) are involved.²⁸

Government Departments and Institutions at Other Levels of Government and Intergovernmental Bodies

Government departments and institutions active in the field of aging at the provincial and municipal levels of government are discussed separately in Chapters IV and V respectively. Chapter VI deals with intergovernmental bodies.

Nongovernmental Organisations

At the federal level of government, there are five main nongovernmental organisations which have a role in the field of aging.²⁹ They are: the National Advisory Council on Aging (an advisory council), the Canadian Association on Gerontology (a professional association), the National Pensioners and Senior Citizens Federation, Canadian Pensioners Concerned Incorporated, and the Senior Centres Organisation of Canada (three seniors' organisations with pressure/interest group roles). Generally, these nongovernmental organisations provide research on aging concerns and offer policy recommendations and criticisms to the appropriate officials in government (e.g., officials in the Department of National Health and Welfare). Each organisation is discussed briefly below.

The National Advisory Council on Aging was set up by Order-in-Council in May 1980 to "assist and advise the Minister of National Health and Welfare on matters related to the quality of life of elderly Canadians, . . . "³⁰ More specifically, its

mandate is "to advise the Minister [of Health and Welfare] on existing legislation and programs effecting [sic] senior citizens as well as the need for introducing new programs or legislation."³¹ The Council's terms of reference include:

1. Reviewing the needs and problems of older people with the purpose of recommending remedial action
2. Consulting with national, provincial and local associations involved in aging
3. Publishing reports and stimulating public discussion on aging³²

As indicated by the Council's terms of reference, it is also expected to perform a liaison function and work closely with other nongovernmental organisations which have an interest in the elderly (e.g., Canadian Association on Gerontology, Canadian Pensioners Concerned Incorporated, National Pensioners and Senior Citizens Federation, and the Senior Centres Organisation of Canada). The Council's membership (eighteen members in all) is comprised of persons active in national or provincial organisations, social scientists, medical experts, members of senior citizens' clubs and the general public. Its first meeting was held in October of 1980.

The Canadian Association on Gerontology was founded in 1971 and incorporated in 1973. It is recognised as the official spokesperson for gerontology in Canada. The objectives of the Association are:

1. To bring together persons interested in gerontology in the fields of biological sciences, medical sciences, psychology, social sciences, social welfare and such others as may be appropriate
2. To promote the study of aging in all its aspects
3. To promote improvement in the well-being of older people

4. To strengthen and improve communication between the relevant scientific disciplines and between persons engaged in research, education, professional practice and other interested workers

5. To promote active financial support for gerontological research and the application of its findings in practical situations³³

Toward these ends, the Canadian Association on Gerontology:

- provides a meeting ground for professionals in the field of aging, many of whom work for federal or provincial governments in some capacity (e.g., Provincial Gerontologists or Consultants on Aging)
- makes representations to government departments, committees, and other councils on the subject of aging (e.g., Health and Welfare Canada, Select Senate Committee on Retirement Age Policies--Croll Committee, Economic Council of Canada)
- sponsored a national symposium on policies for the aged (October 1978) which brought together representatives from provincial ministries of social services and the Department of National Health and Welfare

The Association's membership, as indicated by its objectives, is open to persons "who by virtue of their training or experience are interested in some aspect of gerontology."³⁴ Consequently, its members range from architects to social workers.

The National Pensioners and Senior Citizens Federation was incorporated on May 1, 1954. Its roots started, however, in Saskatchewan during the 1940's. The Federation grew out of labour organisations and still employs similar tactics in its advocacy role in the field of aging. In addition to the Federation's national organisation, it has provincial affiliates (e.g., the United Senior Citizens of Ontario) in all ten provinces.

The National Pensioners and Senior Citizens Federation is committed to "the responsibility of bringing to the attention of governments and other appropriate authorities, the specific

needs and concerns of the elderly, . . . "35 More specifically, its purposes are:

1. To act as an advisory body providing central contacts, facilities for research, surveys, uniform objectives and a national expansion of the pensioners' movement

2. To stimulate public interest in the welfare of senior citizens by means of adequate pensions and social security that will provide comfortable housing and decent living

3. To protect the rights and interests of pensioners and prospective pensioners

4. To prevent discrimination and undue delay in granting pensions

5. To project a social friendly fellowship among the pensioners of Canada³⁶

For these purposes, the Federation holds annual conventions for its membership which includes representatives from senior citizens' national and provincial organisations, senior citizens' clubs and individuals. Problems and needs facing the elderly are brought before the convention in the form of resolutions. Decisions on resolutions reached at the convention are presented to the appropriate federal officials "with the view of obtaining legislation beneficial to older people."³⁷ In particular, the Federation submits an annual brief to the Minister of National Health and Welfare. The National Pensioners and Senior Citizens Federation credits itself with the following accomplishments:

- substantial pension increases
- national medicare
- better deals for seniors in housing, ³⁸
nursing homes, and homes for the aged

Canadian Pensioners Concerned Incorporated was established in 1971 and incorporated in 1974. It has affiliates in four provinces (i.e., Ontario, Alberta, Manitoba and Nova

Scotia). The goal of Canadian Pensioners Concerned Incorporated is "to improve the quality of life for older Canadians . . . who are being seriously hurt by inflation, high taxes, [and] inadequate health care."³⁹ Consequently, this organisation's program for action includes:

- focusing on those elderly persons whose incomes are below poverty levels
- urging the greatest help for the greatest need
- working to protect the financial security of the retired
- informing pensioners of entitlements and procedures
- supporting pre-retirement projects
- emphasizing the need for home care of the elderly
- urging improved geriatric and community health care⁴⁰

Canadian Pensioners Concerned attempts to accomplish its goal by researching and providing data on various problems related to the needs of the elderly (e.g., pension increases, adequate foot care, improved home care services) and presenting reports/briefs to the appropriate government officials (e.g., officials in the Department of National Health and Welfare). The membership of this organisation is mostly comprised of retired, middle-class, white collar workers. As a result, the tactics of Pensioners Concerned are significantly different from the union orientation of the National Pensioners and Senior Citizens Federation although both organisations have similar goals.

The Senior Centres Organisation of Canada is the newest of the three seniors' organisations. Its organisational meeting was held on October 13, 1977. This organisation also has a number of provincial affiliates (e.g., in Ontario--the Senior Centres Association of Ontario or the SCAO).

The Senior Centres Organisation has three objectives:

1. To utilize national resources to the fullest possible extent for the benefit of the Organisation and through it for senior centres in Canada

2. To provide a forum for national consultation on education, research, policies and standards, and other matters of concern to senior centres in order to improve the quality of programs and services for senior citizens offered through senior centres

3. To promote the establishment of new senior centres in locations where the need for such a development has been identified⁴¹

While the primary focus of this organisation is on senior centres (i.e., centres which provide social and recreational activities for the elderly), it is also concerned with the larger issue of programs for the aged. In this latter capacity, the Senior Centre Organisation of Canada appears to act as a liaison between the grass-roots seniors and program planners in government. For example, members of the organisation work hand-in-hand with officials from the Department of National Health and Welfare Canada. The membership is comprised of representatives from approved (i.e., according to the organisation's criteria for acceptance) senior citizen centres in Canada.

There are other nongovernmental organisations at the federal level which have an interest in the elderly, but only as part of a larger group (e.g., women, consumers, workers, handicapped). Some of these are:

- Canadian Advisory Council on the Status of Women
- National Action Committee on the Status of Women
- Canadian Council for Social Development
- Consumers' Association of Canada
- Canadian Labour Congress
- Canadian Rehabilitation Council for the Disabled

Interactions Aimed at Co-ordination in Aging Policy

Description and Analysis of Interactions

Interactions aimed at co-ordination in the field of aging at the federal level of government are described under the three broad patterns and seven major categories of interaction outlined in the previous chapter. Each category of interaction is analysed with respect to formalisation, intensity and the form(s) of power available to the actors involved. This format is also used in the next three chapters.

Internal interactions
(within the Department of National Health and Welfare)

Intradepartmental interactions occur between and among several subunits and individual actors in the Department of National Health and Welfare.

First, there is an Office on Aging which has recently been established in the Policy, Planning and Information Branch of Health and Welfare. The Policy, Planning and Information Branch itself is the unit responsible for co-ordinating all departmental work with respect to policy development. The Office on Aging is just in the process of being organised. It replaces the former Bureau on Aging and is under the direction of the Director of the Task Force on Consultation and Constituency Liaison. The main co-ordinating function within the Department of National Health and Welfare with respect to aging policy is expected to rest with the Office on Aging. It will provide a focal point for departmental activities related to aging policy.

In this capacity, the Office on Aging will be aided by a Departmental (i.e., intradepartmental) Co-ordinating Committee on Aging.

The Departmental Co-ordinating Committee on Aging, whose main purpose is to aid in promoting co-ordination of the Department's work in aging policy, is presently being established. It will be composed of representatives from branches in Health and Welfare identified as having aging concerns (e.g., New Horizons, Income Security Programs Branch). The specific responsibilities of the Departmental Co-ordinating Committee on Aging are twofold. They are:

1. To monitor the degree of consideration that aging and the aged are receiving throughout the department
2. To serve in an advisory capacity to the Deputy Minister and Executive Committee on matters pertaining to the aged and aging⁴²

In addition to the Office on Aging and the Department Co-ordinating Committee on Aging, there is also a Departmental Co-ordinator/Consultant on Aging. This office is presently held by Lola Wilson who apparently will work out of the Office on Aging. Her terms of reference are to co-ordinate all activities in the Department of National Health and Welfare that bear on aging policy.

Intradepartmental interactions aimed at co-ordination in the field of aging occur on a less formal basis as well. In addition to the interactions brought about by the existence of co-ordinating mechanisms (i.e., Office on Aging, Departmental Co-ordinating Committee on Aging, and Departmental Co-ordinator/

Consultant on Aging), departmental officials are encouraged to interact with each other to further co-ordination.

It is difficult to analyse conclusively intradepartmental interactions aimed at co-ordination in the field of aging. The reasons for this difficulty are twofold. First, a lack of specificity in the data provided by key officials from the Department of National Health and Welfare precludes detailed examination. For example, no specific details were given about who interacts with whom in the Department and the frequency of this interaction. Secondly, the "newness" of the Office on Aging, the Departmental Co-ordinating Committee on Aging, and the Departmental Co-ordinator permits only a perfunctory examination of their operations. Perhaps the recent establishment of these co-ordinating mechanisms explains the lack of specificity noted above. Despite these problems, some tentative observations can be made.

Intradepartmental interactions appear to be formalised. As indicated in Chapter I of this thesis, the two measures of formalisation are: (1) the extent to which interaction for co-ordination has received official approval; and, (2) the extent to which a co-ordinating mechanism exists between the actors involved. Since officials of the Department of National Health and Welfare are encouraged to interact with each other to further co-ordination, one can assume that such interactions are officially sanctioned. The existence of co-ordinating mechanisms (i.e., the Office on Aging, the Departmental Co-ordinating Committee on Aging, and the Departmental Co-ordinator/

Consultant on Aging) within the Department satisfies the second measure of formalisation.

Intradepartmental interactions also appear to be intense. Intensity is indicated by: (1) the extent of the resources required by the interaction (i.e., the size of the resource investment); and, (2) the frequency of interaction. The very existence of co-ordinating mechanisms requires an investment of resources (i.e., personnel, time, funds). The existence of co-ordinating mechanisms is also likely to result in frequent interaction. Therefore, both measures of intensity are satisfied.

Both forms of power (i.e., control and influence) are used in intradepartmental interactions aimed at co-ordination in aging policy. The form of power available depends on which subunits and individual actors are involved in the interactions. The Minister of Health and Welfare, as the political head of the department, possesses hierarchical authority over all other departmental officials. Hence, she can exercise control as well as influence in intradepartmental interactions. The three co-ordinating mechanisms discussed previously have no program responsibilities or line control. They serve in an advisory capacity and, consequently, are only able to use influence vis-à-vis other departmental officials. Since members of the Departmental Co-ordinating Committee on Aging are representatives of departmental branches identified as having aging concerns and some of these branches (e.g., Income Security Programs Branch) have program responsibilities, these members depending on their rank in the department hierarchy, might be able to exercise both control and influence in their respective branches.

External interactions within government (between the Department of National Health and Welfare and other government departments and institutions at the same level of government)

Interdepartmental interactions occur between the Department of National Health and Welfare and other social policy departments both at the ministerial and bureaucratic level. Many of these interactions are directed at co-ordinating social policy proposals within the context of the new policy and expenditure management system. Aging policy proposals fall under the social policy envelope. Consequently, they are covered by the more general orientation of the above interactions.

At the ministerial level, all ministers of health, welfare and social services departments meet once a year to discuss aging as it relates to other matters (e.g., income security). These meetings are formal (i.e., officially approved), but they are not facilitated by a co-ordinating mechanism (e.g., a ministerial committee on aging). Similar meetings occur among public servants from the same departments.

Other interdepartmental interactions are facilitated by interdepartmental committees comprised of nonelected officials. The Committee of Deputy Ministers of Social Policy Departments and the Co-ordinating Committee of Deputy Ministers (or the Senior Co-ordinating Committee) are especially important.

The Committee of Deputy Ministers of Social Policy Departments (i.e., an interdepartmental sectoral or policy committee) is one of several deputy minister committees which are part of a support system for the new policy and expenditure management system and the cabinet committee system. Deputy

minister committees "provide a forum for testing the adequacy and timeliness of [policy] proposals and a mechanism for encouraging the resolution of issues not requiring referral to the Cabinet Committees."⁴³ They "ensure that the necessary coordination in the preparation of [policy] proposals has taken place and that the essential information is made available to the Cabinet Committees."⁴⁴ Hence, deputy minister committees function as co-ordinating mechanisms. They facilitate interactions: (1) between and among deputy ministers of different departments; and, (2) between departments and cabinet committees.

The Committee of Deputy Ministers of Social Policy Departments, in particular, provides a forum for interaction between the Department of National Health and Welfare and other social policy departments (e.g., Veterans Affairs, Canada Mortgage and Housing Corporation). The Committee is chaired by the Deputy Secretary of the Ministry of State for Social Development. It considers all social policy proposals, including aging proposals, before they go to the appropriate cabinet committee (i.e., the Committee on Social Development).

The Co-ordinating Committee of Deputy Ministers has also been referred to as the Senior Co-ordinating Committee. It is one of the key co-ordinators of the federal bureaucracy. The Committee is chaired by the Secretary to the Cabinet and other members include senior deputy ministers (i.e., Deputy Minister of Finance, Secretaries of the Treasury Board and of the Ministries of State for Social and Economic Development, and the Under Secretary of External Affairs). Generally, the Co-ordinating Committee of Deputy Ministers "'mirrors' the

Cabinet Committee on Priorities and Planning [the central co-ordinating committee of cabinet] and handles significant cross-sectoral issues."⁴⁵ Its handling of cross-sectoral policy issues is particularly important for aging policy because some departments with minor program responsibilities vis-à-vis the elderly do not fall within the social policy envelope (e.g., Transport Canada, Consumer and Corporate Affairs).

In addition to ministerial and bureaucratic inter-departmental meetings, other interdepartmental interactions occur on a less formal basis. It is the responsibility of personnel in each branch of Health and Welfare to interact with other federal departments to further co-ordination. For example, there are interactions between the Income Security Programs Branch of Health and Welfare and the Department of Finance on aging matters. The Department of National Health and Welfare's Office on Aging is also expected to interact with other departments involved in the field of aging.

Interdepartmental interactions appear to be both formalised and intense. They are officially approved (e.g., officials from the Department of National Health and Welfare are officially encouraged to interact on an interdepartmental basis to further co-ordination). In addition, two co-ordinating mechanisms (i.e., the Committee of Deputy Ministers of Social Policy Departments and the Co-ordinating Committee of Deputy Ministers), in particular, exist to facilitate interaction between and among the relevant departments for the purpose of co-ordination. The existence of co-ordinating mechanisms indicates a sizable investment of resources (e.g., time, personnel) and

makes frequency of interaction more likely (e.g., the Committee of Deputy Ministers of Social Policy Departments meets bimonthly or weekly depending on its workload). It should be noted that there is no federal interdepartmental committee devoted solely to aging policy (i.e., an interdepartmental committee on aging). Perhaps this observation is linked to the fact that, at least on an interdepartmental basis, aging policy is generally considered within the larger context of social policy.

Influence is the only form of power available to actors in interdepartmental interactions. No one department or official from a department has hierarchical authority over other departments and their officials. Control can, therefore, not be used by actors in interdepartmental interactions. Some actors might be, however, more influential in these interactions than other actors.

Executive-bureaucratic interactions occur between the Department of National Health and Welfare and the cabinet, cabinet committees and central agencies. All of the interactions described under this category of interaction are directed at co-ordinating aging policy within the context of social policy. Furthermore, they are largely concerned with policy development and resource allocation.

The minister of National Health and Welfare interacts with other ministers, a majority of whom are department heads, at cabinet meetings. Cabinet meetings provide a forum for interaction for all department heads especially those with

similar policy concerns (e.g., aging policy). While not all of these interactions involve a deliberate effort to co-ordinate, many of them do. Even the norms of cabinet solidarity and collective responsibility bring an overall coherence to the activities of government and this also applies to aging policy. In a more cynical vein, Stanyer and Smith in reference to the British cabinet argue that "Cabinet co-ordination consists of ministers defending the interests of their own departments against the threatened encroachment of others."⁴⁶

Beyond the cabinet, there are cabinet committees which facilitate interaction at the ministerial level. Three of these committees have particular relevance for aging policy. They are: the Priorities and Planning Committee, the Treasury Board and the Committee on Social Development (previously known as the Committee on Social and Native Affairs).

The Committee on Social Development is a policy committee of cabinet. It is chaired by the Minister of State for Social Development and its membership includes the Minister of National Health and Welfare as well as ministers from other social policy departments. Generally, the ministerial interactions facilitated by the Committee are for the purpose of managing the social policy field. This management, among other things, involves co-ordinating social policy (i.e., new program proposals and existing programs) with respect to government priorities and the funds available for the policy sector. Since aging policy falls under the umbrella of social policy, the Committee on Social Development is the cabinet committee with initial responsibility for policy in the field of aging.

The Treasury Board has been called a "major management committee" and the "expenditure committee" of the cabinet.⁴⁷ Its membership consists of the President of the Treasury Board, the Minister of Finance and four other cabinet ministers. The Treasury Board's role in recent years has been altered. It still functions like a board of management for the government, but the Treasury Board shares expenditure responsibilities with the policy committees of cabinet and the Ministries of State for Social and Economic Development as a result of the new policy and expenditure management system. For example, the Treasury Board manages the current year finances; however, broad allocations for departments and programs within a policy field are made by the appropriate cabinet policy committee.

The alteration of the Treasury Board's role vis-à-vis expenditure management has shifted the nature of its interactions. Prior to the new system of policy and expenditure management, the Treasury Board primarily interacted directly with operating departments. Now, some of its interactions are with the policy committees of cabinet. This shift is a result of the policy and expenditure management system's effort to integrate the policy and budgetary processes.

In respect of aging policy (i.e., within the context of social policy), the Treasury Board's altered role means that it interacts with both the Department of Health and Welfare and the cabinet Committee on Social Development. In each case, the interactions are aimed at co-ordinating social policy (i.e., new programs and existing programs) with financial considerations (i.e., the funds available for the social policy field).

The Priorities and Planning Committee is the central committee of cabinet and it functions much like an inner cabinet. The Committee is chaired by the prime minister and its membership includes the Minister of Finance, the President of the Treasury Board, chairpersons of the cabinet policy committees and several other ministers. In the new policy and expenditure management system, the Priorities and Planning Committee is responsible "for setting the overall direction for government policy including the establishment of the fiscal plan and the determination of resource envelopes for each Policy Committee."⁴⁸ The Committee is also the "forum for the consideration of federal-provincial issues as well as other areas of high priority."⁴⁹

The Priorities and Planning Committee facilitates interactions among the most important and influential cabinet ministers. Generally, these interactions are for the purpose of co-ordinating the work of the entire cabinet committee system. All roads do lead to the Priorities and Planning Committee. As a result, the policy and expenditure decisions of other cabinet committees, including decisions related to aging policy, filter ultimately through the Priorities and Planning Committee. For example, the chairperson of the cabinet Committee on Social Development, which has initial responsibility for aging policy, is a member of the Priorities and Planning Committee.

In addition to the interactions facilitated by the cabinet and cabinet committees, executive-bureaucratic interactions also occur between central agencies and the Department of National Health and Welfare. In this thesis, central agencies

are viewed as staff supports for the cabinet and its committees. They are not treated as central *control* agencies. Consequently, central agencies include: the Privy Council Office, the Prime Minister's Office, the Treasury Board Secretariat and the Federal-Provincial Relations Office.

Generally, interactions between central agencies and all operating departments are part of the staff function performed by central agencies for the cabinet and cabinet committees. For example, the Treasury Board Secretariat, in the new policy and expenditure management system, keeps track of current and projected expenditures for each policy field and advises the Priorities and Planning Committee on the financial requirements from year to year. In order to perform this function, the Treasury Board Secretariat interacts with all operating departments, including the Department of National Health and Welfare. Since co-ordination is an integral part of the staff function, it is likely that many of the interactions between central agencies and operating departments are aimed at co-ordination. This likelihood applies to interactions between central agencies and the Department of National Health and Welfare on aging matters.

The Ministry of State for Social Development is another actor in interactions between Health and Welfare and the executive of government. The Ministry of State for Social Development along with the Ministry of State for Economic Development are two new government structures. They are an integral part of the new system of policy and expenditure

management. Although they are called *ministries of state*, these two new government structures function as central agencies for their respective policy fields. Each of them is attached to a policy committee of cabinet. The Ministries of State for Social and Economic Development generally "provide the support secretariats for their respective Cabinet Committees."⁵⁰ For example, they screen policy proposals from departments within their policy fields before the proposals are passed on to the appropriate cabinet committee for consideration. This scrutiny of policy proposals requires interaction between the Ministries of State and departments. The purpose of this interaction is to co-ordinate policy initiatives. More specifically, the Ministry of State for Social Development provides the support secretariat for the cabinet Committee on Social Development and the former interacts with all social policy departments, including Health and Welfare, in order to co-ordinate social policy proposals which take in aging policy initiatives.

Interactions between central agencies and the Department of National Health and Welfare also occur through the forum of interdepartmental committee meetings. Interdepartmental committees are viewed as "the principal means of communication and deliberation in the federal bureaucratic establishment."⁵¹ Officials from central agencies regularly attend interdepartmental committee meetings and some even act as chairpersons. The meetings, therefore, provide opportunities for executive-bureaucratic interaction aimed at co-ordination. In particular, the Committee of Deputy Ministers of Social Policy Departments (an interdepartmental

committee) facilitates interactions between the Ministry of State for Social Development (a central agency) and the Department of National Health and Welfare. The Deputy Secretary of the Ministry of State for Social Development chairs Committee meetings which are also attended by Health and Welfare officials.

On the basis of the preceding evidence, executive-bureaucratic interactions, regardless of the subunits and individual actors involved, appear to be both formalised and intense. All of the interactions described are officially approved. In addition, they are facilitated by a number of co-ordinating mechanisms. The cabinet, cabinet committees and central agencies are actors in executive-bureaucratic interactions but they also function as co-ordinating mechanisms for these interactions. For example, the cabinet facilitates interactions between the Minister of Health and Welfare and other ministers with program responsibilities in the field of aging, and many of these interactions are directed at co-ordination. The existence of co-ordinating mechanisms indicates a significant investment of resources (e.g., time, personnel, funds) and provides for frequency of interaction (e.g., the cabinet and cabinet committees meet on a regular basis). Despite the formalisation and intensity of executive-bureaucratic interactions, there is no co-ordinating mechanism exclusively devoted to aging policy (e.g., a cabinet committee on aging) in this category of interaction. Like the interdepartmental interactions described previously, executive-bureaucratic interactions focus on co-ordinating aging policy within the larger context of social policy. Perhaps this more

general orientation of executive-bureaucratic interactions explains the absence of a co-ordinating mechanism concerned solely with policy in the field of aging.

Generally, influence is the only form of power available to actors in executive-bureaucratic interactions. Many of these interactions occur between and among cabinet ministers. Since all ministers are supposedly equals, control cannot be used. This is not to suggest that all ministers are equally influential. Some ministers (e.g., the prime minister, heads of important cabinet portfolios) are by virtue of their power resources (e.g., position in the governing party, personal capabilities) more influential than others. In effect, their exercise of influence can have the same impact as the exercise of control.⁵² For example, the Priorities and Planning Committee is comprised of the most influential cabinet ministers (the prime minister, the Minister of Finance, the President of the Treasury Board, chairpersons of the cabinet policy committees and several other ministers) and its actions have the practical effect of the use of control. Interactions between central agencies and the Department of National Health and Welfare, as well as all departments, also involve the exercise of influence. Central agencies are staff agencies that exist apart from the work units (i.e., departments) of government. They possess no hierarchical authority over departments and, consequently, are unable to exercise control. Central agencies do, however, exercise enormous influence vis-à-vis departments especially when they act in the name of their minister (e.g., the President of the Treasury Board). Their influence can have the same impact as control.

Legislative-bureaucratic and judicial-bureaucratic interactions are not for the purpose of co-ordinating aging policy. In the first place, neither parliament nor the courts is a major actor in aging policy. Secondly, any interactions between the focal department and either the House of Commons or the courts are not aimed at co-ordination. For example, the Minister and Deputy Minister of Health and Welfare interact with the parliamentary Committee on Health, Welfare and Social Affairs during the latter's annual examination of the department's budgetary estimates, but this interaction is directed at parliamentary control over the bureaucracy. Judicial-bureaucratic interactions are also for the purpose of exercising judicial control over the bureaucracy.

Since legislative-bureaucratic and judicial-bureaucratic interactions are not for co-ordination in aging policy, they are neither formalised nor intense. Formalisation and intensity, as they are used in this thesis, only pertain to interactions specifically intended for co-ordination.

Generally, parliament and the courts exercise control over departments, while the latter can only reciprocate with the use of influence. There are, however, factors that mitigate the ability of both parliament and the courts to effectively exercise control over the bureaucracy.⁵³ On the other hand, the power resources (e.g., expertise, experience) of departments enable them to exercise a great deal of influence in legislative-bureaucratic and judicial-bureaucratic interactions.

External interactions outside government (between the Department of National Health and Welfare and government departments and institutions at other levels of government as well as intergovernmental bodies/between the Department of National Health and Welfare and nongovernmental organisations at the federal level)

Intergovernmental interactions are discussed separately in Chapter VI of this thesis.

Governmental-nongovernmental interactions occur between the Department of National Health and Welfare and the five main nongovernmental organisations (i.e., the National Advisory Council on Aging, the Canadian Association on Gerontology, the National Pensioners and Senior Citizens Federation, Canadian Pensioners Concerned Incorporated and the Senior Centres Organisation of Canada) involved in the field of aging at the federal level. Generally, these interactions are for the purpose of information exchange. The nongovernmental organisations noted above basically provide research on aging concerns and offer policy recommendations to the Department of National Health and Welfare. For example, the National Advisory Council on Aging reports to the Minister of Health and Welfare in an advisory capacity.

From the brief preceding description of governmental-nongovernmental interactions, it is clear that these interactions are not aimed at co-ordination. While information exchange is necessary for co-ordination, all exchanges of information do not necessarily involve an attempt to bring parts into proper relation. An exchange of information can be an activity or end in itself. As noted in Chapter I of this thesis, interactions for co-ordination go beyond a mere exchange of information. They involve a deliberate effort to co-ordinate.

It is important to note, however, that the five nongovernmental organisations described in this chapter are key actors in the field of aging and, consequently, they can be instrumental in developing interactions for the purpose of co-ordination. For example, they might convey the need for more or improved co-ordination to the appropriate government officials and request the creation of a new co-ordinating mechanism devoted entirely to aging policy. Some analysis of existing governmental-nongovernmental interactions is, therefore, warranted.

While existing governmental-nongovernmental interactions are not directed at co-ordination in aging policy, these interactions are officially approved. For example, the Department of National Health and Welfare's Office on Aging is expected to interact with key nongovernmental organisations involved in the field of aging. Individual officials from each branch of Health and Welfare are also responsible for interacting with these organisations on a less formal basis to further co-operation. Some of this latter interaction is facilitated through membership on or appearances before nongovernmental organisations.

Existing governmental-nongovernmental interactions are frequent. Interactions occur, in a variety of ways, on a fairly regular basis. The most obvious illustration of this regularity is where departmental officials interact with nongovernmental organisations as a result of their membership on these organisations. Governmental-nongovernmental interactions do appear to be, however, less frequent than intradepartmental, interdepartmental or executive-bureaucratic interactions.

The form of power available to actors in governmental-nongovernmental interactions is, for the most part, influence. Control based on the possession of legal-rational authority cannot be used because there is no hierarchical (i.e., superior-subordinate) relationship between the Department of National Health and Welfare and the five nongovernmental organisations discussed. If a broader definition of control is adopted, one could argue that the Department is able to exercise control over nongovernmental organisations. This argument is based on its ability to:

1. Financially assist nongovernmental organisations (e.g., provide funds to the National Advisory Council on Aging)
2. Accept or reject recommendations from nongovernmental organisations.
3. Develop policy proposals that are favourable to nongovernmental organisations
4. Provide useful information on aging concerns to nongovernmental organisations

On the other hand, the above four factors can be viewed as potent power resources enabling the Department of National Health and Welfare to wield a great deal of influence vis-à-vis nongovernmental organisations. Nongovernmental organisations are, however, not without their own power resources. They can provide information on aging concerns and give valuable support to departmental programs. In other words, nongovernmental organisations can be very influential in interactions with the Department of National Health and Welfare.

Chapter Summary

This chapter has described and analysed interactions aimed at co-ordinating aging policy at the federal level of government.

The first part of the chapter outlined the federal government's role in the field of aging and the major actors involved. It was noted that the federal government had a limited role in aging policy, which derived mainly from its activity in the area of income maintenance, and that some actors (i.e., the Department of National Health and Welfare, the executive of government and five nongovernmental organisations) were more involved in this policy field than others (i.e., other federal departments, parliament, the courts and nongovernmental organisations with an interest in a broader based clientele).

The main part of the chapter focused on interactions for co-ordination in aging policy. These interactions usually took place *within* the larger context of social policy. Several major categories of interaction were examined from the perspective of the focal department, the Department of National Health and Welfare. A number of conclusions can be drawn from the description and analysis of these interactions.

Three categories of interaction appear to be formalised. They are: intradepartmental, interdepartmental and executive-bureaucratic interactions. In each case, interactions for the purpose of co-ordination are officially approved and several co-ordinating mechanisms exist to facilitate them. Of the three categories of interaction, executive-bureaucratic interactions

seem to be the most formalised. Neither intradepartmental nor interdepartmental interactions are facilitated by as many co-ordinating mechanisms as those operative in executive-bureaucratic interactions (i.e., the cabinet, cabinet committees and central agencies).

Legislative-bureaucratic, judicial-bureaucratic and governmental-nongovernmental interactions are not formalised. While interactions between the focal department and other actors in these categories of interaction do occur, they are not directed at co-ordination in the field of aging. The variable of formalisation only applies to interactions for co-ordination. Consequently, interactions in each of the above categories cannot be considered formalised.

Three categories of interaction--intradepartmental, interdepartmental and executive-bureaucratic interactions--appear to be intense. The existence of co-ordinating mechanisms in each of these categories indicates a sizable investment of resources. Time, money and personnel are required for the operation of co-ordinating mechanisms. The existence of co-ordinating mechanisms also provides for frequency of interaction. For example, interdepartmental committees, the cabinet and cabinet committees meet on a regular basis. Of the three categories of interaction, executive-bureaucratic interactions seem to be the most intense. The numerous co-ordinating mechanisms that exist to facilitate executive-bureaucratic interactions demand a greater investment of resources than the fewer mechanisms operative in intradepartmental and interdepartmental interactions.

Legislative-bureaucratic, judicial-bureaucratic and governmental-nongovernmental interactions are not intense. While there might be frequency of interaction in the above categories, the interactions are not for co-ordination. The variable of intensity only pertains to interactions directed at co-ordination.

The form of power available to the actors engaged in interactions for the purpose of co-ordinating aging policy varies depending on the particular subunits and individuals involved in each category of interaction. Generally, intraorganisational (i.e., intradepartmental) interactions involve the exercise of both control and influence, while interorganisational (i.e., interdepartmental and executive-bureaucratic) interactions involve the use of influence.

Several other conclusions are noteworthy. First, most interactions for co-ordination in aging policy at the federal level of government occur within the broader context of social policy. Both the interdepartmental and executive-bureaucratic interactions described in this chapter are more generally focused on co-ordinating social policy. Efforts to co-ordinate aging policy occur within this more general orientation. Only intradepartmental interactions are exclusively concerned with policy in the field of aging. Secondly, co-ordinating mechanisms devoted solely to aging policy only exist in the Department of National Health and Welfare. There are no interdepartmental committees, cabinet committees or central agencies on aging. This conclusion is consistent with the one noted above. Thirdly,

most interactions aimed at co-ordination in the field of aging appear to occur in the executive-bureaucratic category of interaction. None of the other categories of interaction described in this chapter has as high a degree of formalisation and intensity. In fact, one official from the Department of National Health and Welfare indicated that a large measure of co-ordination in aging policy occurs at the cabinet committee level.⁵⁴ Finally, interactions for co-ordination generally seem to be concerned with policy development and resource allocation. No information was provided on interactions for the purpose of co-ordinating the implementation of programs for the elderly. The implications of this absence are drawn out in the last chapter of the thesis.

CHAPTER IV

Interactions for the Purpose of Co-ordination in the Field of Aging at the Provincial Level of Government

A Qualification

In this chapter, the ten provincial governments are treated collectively and comparatively. A separate and detailed treatment of each province would require a much lengthier study than can be provided in this thesis.

The Provincial Government's Role in Aging Policy

Provincial governments, unlike their federal counterpart, have a very extensive role in the field of aging. As noted in the previous chapter, most of the programs applicable to the elderly (e.g., health and social services, housing, transportation) are under the constitutional jurisdiction (i.e., Section 92 of the British North America Act) of provincial governments. Some of these programs are partially financed by other levels of government (i.e., federal and local governments). Responsibility for program delivery and the development of particular programs within a broader program area (e.g., daily telephone, postal security alert as part of community-based programs for the elderly) is sometimes delegated to municipal or local governments. The ultimate authority for these programs rests, however, with the provincial governments.

Unlike federal programs which mainly focus on income security, provincial programs applicable to the aged are very diverse. These programs generally include some version of the following:

- income assistance (e.g., provincial supplements to the federal government's Guaranteed Income Supplement and Spouses' Allowance)
- housing (e.g., homes for the aged, senior citizens' apartments)
- health (e.g., nursing homes, home health care)
- social (e.g., provincial grants for senior citizens' recreational centres)
- transportation (e.g., reduced bus fare for seniors)
- provincial income tax deductions (e.g., property tax rebate for seniors who own homes)

These diverse programs can generally be placed into two main categories. Those which involve institutionalisation of the elderly are institution-based. Others, which apply to the aged living on their own in the community, are community-based. In the past, institution-based programs were the main focus of provincial government activity in terms of human and financial resources. The emphasis has recently shifted in all provinces to maintaining the independence of elderly persons and stressing community-based services.

Generally, similar kinds of programs (i.e., institution and community based) are available to the aged in all ten provinces. There is, however, significant variation among the provinces in the extent to which these programs are developed. For example, Ontario has a well developed range of community-based programs for the elderly whereas Newfoundland is just beginning to develop programs in this area.

Most of the programs for the aged which fall under provincial jurisdiction (e.g., nursing homes, meals-on-wheels) are not exclusively limited to them. The elderly are numerically the largest single group to avail themselves of these programs. Often, however, the aged are part of some other clientele (e.g., invalids, low income persons).

The Actors

Public organisations (i.e., provincial departments)

The preceding overview of the provincial government's role in aging policy suggests that many departments are active in this policy field. In fact, responsibility for aging policy is parcelled out, albeit in varying degrees, to many provincial departments. The departments involved in each province are usually some version of: culture and recreation, education, health, housing, labour, revenue, social services, and transportation. Most of these departments have minor program responsibilities vis-à-vis the aged. For example, departments of culture and recreation provide grants and/or assistance to senior citizens' organisations for recreational activities. Various housing commissions administer low income housing for seniors. In most provinces, however, two departments have major program responsibilities in the field of aging: the departments/ministries of social services and health. The precise names of the major departmental actors for each province are provided in Table 3 of this thesis. Prince Edward Island and Quebec are the only provinces which combine both health and social services in one department (i.e., the Department of Health and Social Services and the Ministry of Social Affairs).

TABLE 3

Major(Key) Departmental Actors in the Field of Aging
For Each Provincial Government

<u>Province</u>	<u>Major(Key) Department Actor(s)</u>
Alberta	<ul style="list-style-type: none"> - Department of Social Services and Community Health - Department of Hospitals and Medical Care
British Columbia	<ul style="list-style-type: none"> - Ministry of Human Resources - Ministry of Health
Manitoba	<ul style="list-style-type: none"> - Department of Community Services and Corrections - Department of Health
New Brunswick	<ul style="list-style-type: none"> - Department of Social Services - Department of Health
Newfoundland	<ul style="list-style-type: none"> - Department of Social Services - Department of Health
Nova Scotia	<ul style="list-style-type: none"> - Department of Social Services - Department of Health
Ontario	<ul style="list-style-type: none"> - Ministry of Community and Social Services - Ministry of Health
Prince Edward Island	<ul style="list-style-type: none"> - Department of Health and Social Services
Quebec	<ul style="list-style-type: none"> - Ministry of Social Affairs
Saskatchewan	<ul style="list-style-type: none"> - Department of Social Services - Department of Health

The central role played by provincial departments of social services and health is usually further evidenced by the presence of a special unit and/or office on aging concerns within their organisation.⁵⁵ The special unit and/or office and their home department for each province is listed in Table 4 of this thesis. Major departmental actors in seven provinces have a special unit on aging. Most of these units are located in departments of social services. Three provinces have an office on aging concerns. The office is known as the Provincial Gerontologist or the Consultant on Gerontology. The Provincial Gerontologist (or Consultant on Gerontology) usually works out of a department of health. One province, Ontario, has an additional office on aging concerns. Its Ministry of Community and Social Services has a number of regional Program Consultants on Senior Citizens Services. Only two provinces have both a special unit and an office on aging. Two other provinces have neither a unit nor an office on aging in their departments of health and social services. (See Table 4 for details.) Because of the central role played by departments of social services and health in the field of aging, they are used as the focal departments for the purpose of describing and analysing interactions aimed at co-ordination.

Other actors in the field of aging

Government institutions at the provincial level

The executive of government (i.e., the premier, the cabinet and provincial secretariats) in each province is active in aging policy. Generally, this activity takes place within the

TABLE 4

Special Unit/Division and/or Office Devoted to Aging Concerns According to
Province and Major(Key) Departmental Actor(s)

<u>Province</u>	<u>Major(Key) Departmental Actor(s)</u>	<u>Special Unit/Division</u>	<u>Office</u>
Alberta	- Dept. of Social Services and Community Health	Senior Citizens Bureau	-----
	- Dept. of Hospitals and Medical Care	-----	-----
British Columbia	- Ministry of Human Resources	-----	-----
	- Ministry of Health	-----	Consultant on Gerontology
Manitoba	- Dept. of Community Services and Corrections	-----	-----
	- Dept. of Health	Aged Services	-----
New Brunswick	- Dept. of Social Services	-----	-----
	- Dept. of Health	-----	-----
Newfoundland	- Dept. of Social Services	Division of Services to Senior Citizens	-----
	- Dept. of Health	-----	-----
Nova Scotia	- Dept. of Social Services	-----	-----
	- Dept. of Health	-----	-----
Ontario	- Ministry of Community and Social Services	Adult Services Division	Consultant on Gerontology Program Consultants on Senior Citizens Services
	- Ministry of Health	-----	-----
Prince Edward Island	- Dept. of Health and Social Services	Division of Services to the Aging	-----
Quebec	- Ministry of Social Affairs	Un Service Des Politiques for Adult and Elderly Persons	-----
Saskatchewan	- Dept. of Social Services	Senior Citizens Branch	-----
	- Dept. of Health	-----	Provincial Gerontologist

context of a broader policy area (e.g., social services, community services and/or health services) and mainly involves policy planning and resource management. Only one province, Nova Scotia, has a subunit within the executive of government that is concerned solely with aging policy. This subunit is the Senior Citizens Secretariat, a cabinet committee. Apart from this anomaly, the same kinds of actors evident in the executive of the federal government are involved in the field of aging at the provincial level. They are:

1. *The cabinet or executive committee*--ministers of social services and health and other ministers whose departments have program responsibilities vis-à-vis the aged; the Provincial Secretary for Social Development in Ontario and a similar minister in charge of the Ministry of State for Social Development in Quebec.

2. *Cabinet committees*--a central co-ordinating committee (e.g., Alberta's Priorities Committee, Prince Edward Island's Policy and Priorities Board); a treasury or management board; a social policy committee (e.g., Quebec and Ontario's Committee on Social Development) or in the case of Nova Scotia an aging policy committee (i.e., Senior Citizens Secretariat)

3. *Cabinet secretariats* (e.g., Secretariat to the Planning and Priorities Board in Ontario)

Neither provincial legislatures nor provincial courts

appear to be key actors in the field of aging. One province, Alberta, has a legislative (caucus) Committee on Senior Citizens. Its primary responsibility is to be in contact with the public and make general recommendations on policy direction in the field of aging.⁵⁶ In the mid 1960's, the province of Ontario had a legislative Select Committee on Aging. Other than these two examples, there is no evidence to indicate that either the legislatures or the courts are active in aging policy.

Government departments and institutions at other levels of government and intergovernmental bodies

Government departments and institutions active in the field of aging at the federal and municipal levels of government are described separately in Chapters III and V respectively. Intergovernmental bodies are dealt with in Chapter VI.

Nongovernmental organisations

There are several nongovernmental organisations in each province that have a role in aging policy. Generally, they include: provincial advisory councils on aging, provincial associations on gerontology and senior citizens' organisations. Six provinces have advisory councils on aging (i.e., Alberta, Manitoba, Nova Scotia, Ontario, Quebec, and Saskatchewan). Many provinces have provincial associations on gerontology (e.g., British Columbia, Manitoba, New Brunswick, Nova Scotia, Saskatchewan). These provincial associations are not yet affiliated with the Canadian Association on Gerontology. The major senior citizens' organisations at the provincial level are affiliates of the National Pensioners and Senior Citizens Federation, Canadian Pensioners Concerned, and the Senior Centre Organisation of Canada. These provincial affiliates are not present in all ten provinces (e.g., Canadian Pensioners Concerned Incorporated only has affiliates in Ontario, Alberta, Manitoba, and Nova Scotia). They do, however, have the same kind of membership, objectives and tactics as their national organisations. The basic difference between the national and provincial organisations is that they channel their activities in separate political arenas (i.e., provincial affiliates work at the provincial level and interact

with provincial departments of social services and health).

There are also nongovernmental organisations involved in aging policy that are unique to each province. Some of these are:

<u>Province</u>	<u>Nongovernmental Organisation</u>
Alberta	Alberta Council on Aging (distinct from the Provincial Senior Citizens Advisory Council)
British Columbia	Social Planning and Review Council of British Columbia (in particular its Committee on Aging)
Manitoba	Age and Opportunity Centre Manitoba Society of Seniors
Newfoundland	The Newfoundland and Labrador Association for the Aging
Saskatchewan	Action Now

The organisations listed above are those identified in correspondence with government officials.

There might be other nongovernmental organisations at the provincial level which have an interest in the aged as part of some other clientele (e.g., the blind or handicapped), but no specific information was provided about them.

For the most part, the role of all provincial nongovernmental organisations active in the field of aging is to provide information and research on aging concerns to seniors in their communities, the general public and the appropriate government officials (i.e., officials from the departments of social services and health). They often perform a liaison function between the elderly and the general public, and between the elderly and government officials. In addition, nongovernmental

organisations involved in aging policy offer policy recommendations to the relevant government authorities. It is notable that one of the objectives of the Alberta Council on Aging is to foster co-ordination among the various seniors' groups in Alberta.⁵⁷

Interactions Aimed at Co-ordination in Aging Policy

Description and analysis of interactions

Internal interactions (within the focal departments-- the major departmental actors)

Intradepartmental interactions generally occur in each of the major departmental actors but, for the most part, they are not aimed at co-ordinating aging policy. Special units on aging either serve in an advisory capacity on aging matters (i.e., Alberta's Senior Citizens Bureau and Manitoba's Aged Services) or have program responsibilities vis-à-vis the elderly (i.e., Ontario's Adult Services Division, Newfoundland's Division of Services to Senior Citizens, Prince Edward Island's Division of Services to the Aging and Saskatchewan's Senior Citizens Branch). In neither case do they exist to facilitate interactions for co-ordination. Provincial gerontologists act as resource persons on aging matters for their home departments. Generally, their advisory role does not include facilitating interaction among departmental officials for the purpose of co-ordination. The only exception to this observation is the role of Saskatchewan's Provincial Gerontologist. In addition to his advisory function, he acts as a co-ordinator "in areas of gerontology,"⁵⁸ which means he facilitates intradepartmental

interactions for co-ordination in aging policy. Program Consultants on Senior Citizens Services in Ontario basically act as the Ministry of Community and Social Services' field representatives for programs vis-à-vis the elderly that fall under the Ministry's purview. (These programs are often implemented by regional government departments.) Program Consultants do not interact with other officials in their Ministry for the purpose of co-ordinating policy in the field of aging.

Only two provinces indicated that interactions for co-ordination occur between deputy ministers and selected senior officials in the focal departments (i.e., Nova Scotia), or among departmental officials at the field office level (i.e., New Brunswick).

One province, Prince Edward Island, noted that little intradepartmental interaction occurs and that interactions among three divisions with program responsibilities vis-à-vis the elderly (i.e., Aging Services, Special Services, and Field Services) need to be improved. Furthermore, any existing interactions are not aimed at co-ordination.

On the basis of the preceding description of intradepartmental interactions, what can be said about formalisation and intensity? Generally, these interactions are neither formalised nor intense. Most of them are not for the purpose of co-ordination. No co-ordinating mechanism (e.g., an intradepartmental co-ordinating committee on aging) exists to facilitate intradepartmental interactions in any of the provinces.

Few, if any, resources appear to be invested in intradepartmental interactions for co-ordination. Frequency of interaction is not apparent.

In view of the above, analysis of intradepartmental interactions with respect to the form(s) of power available to the actors involved is of limited value. Intradepartmental interactions, in general, can involve the exercise of both control and influence. The form of power used depends on the actors' positions in the department's hierarchy (i.e., possession of legal-rational authority). Ministers of departments can exercise control as well as influence in intradepartmental interactions. Special units and offices on aging that serve in an advisory capacity are only able to use influence in their relations with other officials in their departments. Units with program responsibilities in the field of aging can use influence alone in their interactions with other departmental divisions; however, within the units, hierarchical superiors (i.e., directors of the units) are able to exercise both control and influence over their subordinates.

External interactions within government (between the focal departments and other government departments and institutions at the same level of government)

Interdepartmental interactions vary from province to province. In some provinces, these interactions are facilitated by interdepartmental committees that: (1) deal exclusively with aging policy; (2) focus on one facet (e.g., housing the elderly) of aging policy; or, (3) consider aging matters with a broader policy context. In other provinces, interdepartmental

interactions occur on a less formal basis. Regardless of whether these interactions take place through the forum of an interdepartmental committee or on a less formal basis, in most provinces they are not specifically aimed at co-ordination.

Alberta and Saskatchewan have interdepartmental committees that deal exclusively with aging policy. Alberta's Interdepartmental Co-ordinating Committee on Senior Citizens is a nonelected, official-level committee comprised of representatives from ten departments all of which have program responsibilities or a special interest in the field of aging. Despite its title, the Committee does not have any authority or responsibility for co-ordination. Committee members meet on a voluntary basis to exchange information. They do not interact for the purpose of co-ordination. Saskatchewan has two interdepartmental committees on aging. They are: an informal Interdepartmental Group on Gerontology, and, an Interdepartmental Committee on Senior Citizens. Both Committees are comprised of officials from departments involved in aging policy. (Approximately fourteen departments have program responsibilities in the field of aging.) The Interdepartmental Group on Gerontology meets to "exchange information about departmental activities affecting seniors, as well as general issues facing the elderly."⁵⁹ Hence, interactions facilitated by this Committee are not specifically aimed at co-ordination. The Interdepartmental Committee on Senior Citizens does, however, provide a forum for interaction for co-ordination. It meets on a regular basis to share information and co-ordinate services.

Ontario has an interdepartmental committee that focuses on one facet of aging policy. It is called the Triministerial Committee on Housing for the Elderly. The Committee is comprised of officials from three ministries (i.e., Health, Housing, and Community and Social Services). All of these ministries have programs that provide some form of housing for the aged (i.e., nursing homes, senior citizens' apartments and homes for the aged). The Committee facilitates interaction for the purpose of co-ordinating housing programs for the elderly.

Three provinces have interdepartmental committees which consider aging matters within a more general orientation. Newfoundland's Interdepartmental Liaison Committee is comprised of officials from the Departments of Health and Social Services. Among other things, mutual concerns in the field of aging are considered. It is not clear if Committee meetings involve interactions for co-ordination. In addition to interdepartmental committees on aging, Alberta and Saskatchewan have more generally oriented committees. Alberta's Joint Planning Interdepartmental Committee is composed of deputy ministers from the Department of Social Services and Community Health and the Department of Hospitals and Medical Care. It deals with all matters of joint concern, but this does not include interactions for co-ordination in aging policy. Saskatchewan's Health and Social Services Co-ordinating Committee includes representation from the Departments of Health and Social Services. The Committee meets regularly "mainly to resolve issues of common concern and to deal with administrative problems . . . "60 It does not, however,

"ordinarily undertake joint planning and co-ordination of services for the elderly."⁶¹

Both New Brunswick and Newfoundland are presently considering the creation of an interdepartmental committee on aging. New Brunswick had an Interdepartmental Committee on Care for the Aging, but its only purpose was to produce a report on past, current and recommended programs for the elderly. One of its recommendations was the creation of a permanent interdepartmental committee on aging to deal with the increasing quantity and complexity of aging issues and the need for co-ordination.⁶²

Interdepartmental interactions in every province occur on a less formal basis. Special units and offices on aging that serve in an advisory capacity in their home departments also perform the same function for other departments involved in the field of aging. Consequently, they regularly interact with officials from other departments. These interactions, however, are not aimed at co-ordination. They are for the purpose of exchanging or seeking information on aging concerns. Saskatchewan's Provincial Gerontologist does interact with officials from other departments for the purpose of co-ordination, but this is an exception. One of the objectives of Alberta's Senior Citizens Bureau is to encourage co-ordination among departments on matters affecting the elderly; nonetheless, encouraging co-ordination is not the same as interacting for the purpose of co-ordination. In some cases, interactions occur between and among the field office personnel of different

departments. For example, in Manitoba there tend to be natural alliances between Regional Program Community Workers (Aged Services, Department of Health) and Regional Recreation Specialists (Fitness and Recreation Branch, Department of Fitness, Recreation and Sport). In Ontario, there is some interaction among the field office personnel from four ministries (i.e., Community and Social Services, Health, Housing and Culture and Recreation). Interactions of this sort, however, are not specifically for co-ordination.

Despite a few exceptions, interdepartmental interactions in most provinces are neither formalised nor intense. Regardless of whether official approval is given for these interactions or whether mechanisms (e.g., interdepartmental committees) exist to facilitate them, the interactions are not specifically aimed at co-ordination. The variable of formalisation is only applicable to interactions for co-ordination. Interdepartmental interactions, especially in some provinces (i.e., Alberta and Saskatchewan) are frequent and involve a sizable investment of resources. Since most of these interactions are not for the purpose of co-ordination, they can not be described as intense. The measures of intensity pertain to interactions for co-ordination. It is notable that three years ago a report of the Ontario Council of Health (1978) to the Minister of Health recommended that the government of Ontario:

. . . give significant attention, and consider as a matter of urgency, the development of a governmental organisation with responsibility for coordination on an inter-ministerial basis. The recommendation that the government create a special agency, detached from direct responsibility to any one Ministry, but

charged with the responsibility of coordinating the services to the elderly across several Ministries, is a matter of high priority and great significance.⁶³

Influence is the only form of power available to actors in any interdepartmental interactions. No one department or official from a department possesses legal-rational authority over other departments and their officials. Control, therefore, cannot be used in interdepartmental interactions. Some departments might, however, be more influential than others by virtue of their expertise and program responsibilities in the field of aging (e.g., departments of health and social services).

Executive-bureaucratic interactions (i.e., interactions between the focal departments and the executive of government in each province), unlike intradepartmental and interdepartmental interactions, are aimed at co-ordination in the field of aging. As noted previously in this chapter, executive-bureaucratic interactions usually occur *within* a broader policy context (e.g., social services, community services and/or health services) and involve mainly policy planning and resource management. Officials from several provinces indicated that most, if not all, interactions for co-ordination in aging policy take place in the executive-bureaucratic category of interaction.

The most obvious illustration of the importance of executive-bureaucratic interactions for co-ordinating aging policy is provided by Nova Scotia's Senior Citizens Secretariat. Its title is really a misnomer because the Secretariat is a bona fide committee of cabinet. The Senior Citizens Secretariat is a recent creation (April 1, 1980). Its membership includes

four ministers (i.e., the Minister of Municipal Affairs, the Minister of Health, the Minister in charge of the Housing Commission and the Minister of Social Services) and a small staff. All of the ministers are heads of departments with program responsibilities in the field of aging. Generally, the role of the Secretariat is to provide leadership in aging policy by working with departments involved in this policy field to develop priorities and bring in new programs. Each department, however, is responsible for the final development of programs for the aged that fall under its purview. More specifically, a key function of the Senior Citizens Secretariat is "to co-ordinate and facilitate the development of departmental programs."⁶⁴ The Secretariat plays a major role in providing a forum for interaction aimed specifically at co-ordinating aging policy across departmental boundaries.

The existence and role of the Senior Citizens Secretariat is unique. Neither the federal government nor any other provincial governments have such a central, government-wide co-ordinating mechanism devoted to aging policy alone (i.e., no other government has a cabinet committee on aging). Perhaps the existence of a cabinet committee on aging in Nova Scotia explains the absence of an interdepartmental committee on aging and the apparent lack of formalisation and intensity in interdepartmental interactions noted earlier in this chapter. At least in Nova Scotia, the latter might not be necessary in view of the former.

In all other provinces, executive-bureaucratic interactions are less exclusive (i.e., focus on a broader policy field) and involve the focal departments and various subunits of

the executive of government. These subunits are generally the same in each province and include: the cabinet or executive committee, a planning/priorities cabinet committee, a treasury or management board, a social policy committee, and cabinet secretariats. In addition, two provinces have policy ministries (i.e., the Ministries for Social Development in Ontario and Quebec) which function much like the federal Ministry of State for Social Development. They interact with social policy departments for the purpose of co-ordinating social policy initiatives.

Unfortunately, little more can be said about executive-bureaucratic interactions aimed at co-ordination in aging policy. Only one province, Nova Scotia, provided explicit details on the nature of these interactions. Other provinces merely indicated that most interaction for co-ordination in aging policy occurs in the executive-bureaucratic category of interaction and provided the names of the actors involved. Furthermore, the paucity of published literature on the executive of provincial governments precluded any general description of executive-bureaucratic interactions.

There is, however, sufficient evidence to indicate that executive-bureaucratic interactions at the provincial level are basically similar to those at the federal level of government. Both levels of government possess the same basic mechanisms (i.e., the cabinet, cabinet committees, and cabinet secretariats) to facilitate executive-bureaucratic interactions for the purpose of co-ordination. For example, provincial cabinets, like the federal cabinet, provide a forum for interaction between and among ministers whose departments have program responsibilities

vis-à-vis the elderly. Many of these interactions are for co-ordination. All provinces have a treasury or management board and many have priorities/planning and social policy committees. These provincial cabinet committees function much like federal cabinet committees. For example, in Alberta, interaction for co-ordination in aging policy mainly occurs in meetings of the Social Planning and the Priorities Committees of cabinet.

In respect of the preceding description of executive-bureaucratic interactions, they appear to be formalised. These interactions are not only officially sanctioned, but every province has several mechanisms (i.e., the cabinet, cabinet committees and cabinet secretariats) which facilitate interaction between the focal departments and the executive of government for the purpose of co-ordination. In most provinces, these co-ordinating mechanisms deal with aging policy within the context of a broader policy area. Only Nova Scotia has a co-ordinating mechanism that focuses exclusively on aging policy (i.e., the Senior Citizens Secretariat).

Executive-bureaucratic interactions are also intense. The existence of several co-ordinating mechanisms indicates a sizable investment of resources (e.g., time, personnel, money). In addition, co-ordinating mechanisms provide for frequency of interaction. For example, cabinet and cabinet committees meet on a regular basis.

Generally, influence is the only form of power available to the various actors in executive-bureaucratic interactions.

Most of these interactions, regardless of the forum which facilitates them, occur among ministers representing their departments. Since no minister possesses legal-rational authority over other ministers, control cannot be exercised in their interactions with each other. Some ministers are, however, likely to be more influential than others. Interactions between cabinet secretariats and departments also involve the use of influence. Cabinet secretariats perform a staff function for the cabinet and cabinet committees. They do not possess legal-rational authority over line departments. Since there is no hierarchical relationship between cabinet secretariats and departments, control cannot be exercised in their interactions.

Legislative-bureaucratic and judicial-bureaucratic interactions are not for co-ordination in aging policy. In the first place, neither provincial legislatures nor provincial courts are key actors in the field of aging. Secondly, any interactions between either the legislatures or the courts and the focal departments are not for the purpose of co-ordination. For example, opposition members of provincial legislatures interact with ministers of health and social services during oral question periods, but this interaction is aimed at controlling or influencing departmental activities. Even where a legislative committee on aging exists (i.e., Alberta's Committee on Senior Citizens), it engages in no interactions with the focal departments for the purpose of co-ordination. Judicial-bureaucratic interactions are aimed at exercising judicial controls over the bureaucracy.

Since legislative-bureaucratic and judicial-bureaucratic

interactions are not for co-ordination in aging policy, they are neither formalised nor intense. Formalisation and intensity are only applicable to interactions directed at co-ordination.

Generally, provincial legislatures and courts exercise control over departments. On the other hand, departments can only use influence in legislative-bureaucratic and judicial-bureaucratic interactions. (See corresponding section in Chapter III for further details.)

External interactions outside government (between focal departments and government departments and institutions at other levels of government as well as intergovernmental bodies/between focal departments and nongovernmental organisations at the provincial level)

Intergovernmental interactions are described and analysed in Chapter VI of this thesis.

Governmental-nongovernmental interactions occur between the focal departments and the main nongovernmental organisations active in the field of aging in each province. Generally, provincial governmental-nongovernmental interactions are similar to federal governmental-nongovernmental interactions. Nongovernmental organisations at the provincial level interact with focal departments for the purpose of providing information and research on aging concerns as well as eliciting information on government programs for the elderly. In the process, they often work closely with departmental officials in developing policy proposals and/or helping to provide some services (e.g., community-based services) to the elderly. Officials from the focal departments also contact nongovernmental organisations to get data on aging issues; test reaction on policy proposals; and, engender support for programs. Governmental-nongovernmental

interactions facilitate the development of new programs for the aged and provide a valuable source of feedback for the focal departments. These interactions are, however, not specifically aimed at co-ordination.

Usually governmental-nongovernmental interactions take place between nongovernmental organisations and special units and offices on aging. One of the main functions of units and offices on aging is to provide a focal point within the major departmental actors and provincial governments as a whole for governmental-nongovernmental interactions.

Alberta's Senior Citizens Bureau provides information and consultation to nongovernmental organisations active in the field of aging. For example, it works closely with the Provincial Senior Citizens Advisory Council and the Alberta Council on Aging. The closeness of this working relationship is evidenced by the following:

- the Senior Citizens Bureau provides staff service to the Provincial Senior Citizens Advisory Council
- the Senior Citizens Bureau co-sponsors workshops and studies with the Alberta Council on Aging and provides an information section for the Council's newsletter
- both the Provincial Senior Citizens Advisory Council and the Alberta Council on Aging are funded by the Senior Citizens Bureau

Interactions between the Senior Citizens Bureau and both the Provincial Senior Citizens Advisory Council and the Alberta Council on Aging are, for the most part, aimed at improving programs and program planning for the elderly.

Manitoba's Aged Services provides information, referral and counselling services to seniors' organisations. It averages

seventy-eight service interactions with seniors' organisations (e.g., Manitoba Society of Seniors, Age and Opportunity Centre) per month.⁶⁵ Most of these interactions relate to organisation and program development. For example, Aged Services plans and executes events for seniors in conjunction with the Age and Opportunity Centre. Since Manitoba's Council on Aging (i.e., an advisory council) was recently established (March, 1980), its relationship with Aged Services is not yet known.

Newfoundland's Division of Services to Senior Citizens, which was recently created (January, 1980), plans to use nongovernmental organisations in providing community-based programs for the aged. Right now, community-based programs are just in the developmental stage and the Division is consulting with senior citizens' organisations (e.g., The Newfoundland and Labrador Association for the Aging) on how best to provide services for the aged living in the community.

Prince Edward Island's Division of Services to the Aged is also in the process of developing community-based programs for the elderly. Presently, its interactions with nongovernmental organisations are directed at promoting and developing appropriate programs for the aged in the community. In addition, there is a desire to make greater use of nongovernmental organisations in the future for the provision of community-based programs.

Provincial Gerontologists in Saskatchewan and Ontario frequently interact with nongovernmental organisations in their respective provinces. For example, Saskatchewan's Provincial Gerontologist attends meetings of the Saskatchewan Gerontology

Association and was the Association's first president. He is also a permanent nonvoting member of the Senior Citizens Provincial Council. Ontario's Consultant on Gerontology acts as a resource person on aging matters for nongovernmental organisations active in the field of aging. He estimated that eighty per cent of his time is spent outside his home department (i.e., the Ministry of Community and Social Services) for this purpose.⁶⁶ Interactions between Provincial Gerontologists and nongovernmental organisations are, however, not aimed at co-ordination. They involve primarily the dissemination or exchange of information.

In addition to interactions between special units and offices on aging and nongovernmental organisations, governmental-nongovernmental interactions occur between provincial advisory councils and focal departments. Generally, each advisory council reports to either a Minister of Health or a Minister of Social Services. The following is a list of provincial advisory councils and the ministers to whom they report.

<u>Advisory Council</u>	<u>Minister</u>
- Alberta's Senior Citizens Advisory Council	Minister of Social Services and Community Health
- Manitoba's Council on Aging	Minister of Health
- Nova Scotia's Senior Citizens Advisory Commission	Minister of Social Services
- Ontario's Advisory Council on Senior Citizens	Provincial Secretary for Social Development
- Quebec's Council on Aging	Minister in charge of the Ministry of State for Social Development
- Saskatchewan's Senior Citizens Provincial Council	Minister of Social Services

Advisory councils submit reports to their respective ministers that include policy recommendations which deal with many aspects (e.g., housing, income assistance) of aging policy. In order to compile these reports, advisory councils also interact with officials from all departments with program responsibilities vis-à-vis the elderly. They are expected to draw on any appropriate departments to fulfill their mandates. None of these interactions are for co-ordination. Advisory councils might recommend the need for more or improved co-ordination.

Finally, governmental-nongovernmental interactions also occur on a less formal basis. Often officials from focal departments as well as other departments involved in aging policy are members of nongovernmental organisations (i.e., advisory councils on aging and gerontology associations). For example, Alberta's Senior Citizens Advisory Council has representation from five departments (i.e., Social Services and Community Health, Hospitals and Medical Care, Housing and Public Works, Recreation and Parks, and, Advanced Education and Manpower). Departmental representatives are senior public servants who are appointed to the Council by their respective ministers. As noted previously, Saskatchewan's Provincial Gerontologist is a member of the Senior Citizens Provincial Council. Departmental representation on nongovernmental organisations provides an opportunity for interaction on a less formal basis. Even these interactions, however, are not aimed at co-ordination in aging policy.

Despite the apparent proliferation of governmental-nongovernmental interactions, the preceding description of these interactions makes it obvious that they are not specifically directed at co-ordination. Interactions involving information exchange are not the same as interactions aimed at co-ordination. The latter does involve the former, but the former does not necessarily involve the latter. Given the importance of nongovernmental organisations in the field of aging and the trend in some provinces to use these organisations for the provision of community-based programs, some analysis of existing governmental-nongovernmental interactions is desirable.

While existing governmental-nongovernmental interactions are not for the purpose of co-ordination, they are officially approved. The most obvious example of this official approval is the relationship between advisory councils on aging and ministers of focal departments. Another example, is provided by the relations between special units and offices on aging and nongovernmental organisations. These units and offices on aging also act as mechanisms to facilitate governmental-nongovernmental interactions. They provide a focal point within the major departmental actors and for provincial governments as a whole for these interactions.

Existing governmental-nongovernmental interactions are frequent. They occur in a number of ways on a fairly regular basis. These interactions range from the submission of annual reports to ministers to a close working relationship with special units on aging. Departmental representation on nongovernmental organisations also provides an opportunity for frequent interaction.

The predominant form of power available to actors in governmental-nongovernmental interactions is influence. The actors involved do not have a hierarchical relationship; so control based on the possession of legal-rational authority cannot be used in these interactions. As noted previously in this thesis, one can interpret control in a broader sense and argue that the focal departments can exercise control over nongovernmental organisations.⁶⁷ Even if this argument is accepted, nongovernmental organisations are not without their own potent power resources. They possess information and expertise on aging matters. Nongovernmental organisations represent or provide services to a rapidly growing clientele (i.e., the elderly). Consequently, they have a great potential for exercising influence in governmental interactions.

Chapter Summary

This chapter has described and analysed interactions directed at co-ordinating aging policy at the provincial level of government.

The provincial government's role in aging policy and the major actors involved were outlined in the first part of the chapter. It was noted that the provincial government has a very extensive role in the field of aging based on its constitutional jurisdiction over many facets (e.g., health and social services, housing, transportation) of this policy field. Some actors (i.e., departments of health and social services, the executive of government and certain nongovernmental organisations) were found to be more active in aging policy than others (i.e., other provincial departments,

the provincial legislature, provincial courts and nongovernmental organisations which have an interest in the elderly as part of another clientele).

The main part of the chapter focused on interactions for the purpose of co-ordination in aging policy. Provincial departments of social services and health, given their central role in the field of aging, were used as the focal departments for examining several categories of interaction. There are a number of general conclusions that can be made from the description and analysis of these interactions.

Most categories of interaction are neither formalised nor intense. Intradepartmental, interdepartmental, legislative-bureaucratic, judicial-bureaucratic and governmental-nongovernmental interactions are not directed at co-ordination. Consequently, none of these interactions can be viewed as formalised or intense. Formalisation and intensity only apply to interactions specifically aimed at co-ordination.

Executive-bureaucratic interactions, however, are both formalised and intense. These interactions are directed at co-ordination. Not only are they officially sanctioned, but several co-ordinating mechanisms (i.e., the cabinet, cabinet committees and cabinet secretariats) exist to facilitate them. The existence of co-ordinating mechanisms also indicates a sizable investment of resources and provides for frequency of interaction (e.g., cabinet committees meet on a regular basis).

It should be noted that interactions other than executive-bureaucratic ones are officially approved; in some cases facilitated by certain mechanisms (e.g., committees, special units

and offices on aging) which require an investment of resources; and, sometimes frequent. For example, governmental-nongovernmental interactions are officially sanctioned. In some provinces, interdepartmental interactions are facilitated by interdepartmental committees on aging or more generally oriented committees. Governmental-nongovernmental interactions in all provinces and interdepartmental interactions in some provinces are frequent. Nevertheless, interactions other than executive-bureaucratic ones are not aimed at co-ordination in aging policy.

The form of power available to the actors involved in the major categories of interaction varies. Generally, intra-organisational (i.e., intradepartmental) interactions are characterised by the use of both control and influence, while interorganisational (i.e., interdepartmental, executive-bureaucratic and governmental-nongovernmental) interactions are characterised by the use of influence.

A few other conclusions are notable. First, executive-bureaucratic interactions are the most important category of interaction for co-ordinating aging policy. No other category of interaction exhibits any formalisation or intensity. Secondly, most executive-bureaucratic interactions directed at co-ordination occur within the context of a broader policy field. Nova Scotia is the only province that has a cabinet committee on aging (i.e., the Senior Citizens Secretariat). Thirdly, executive-bureaucratic interactions aimed at co-ordination are mainly concerned with policy development and resource allocation. No information was provided on interactions for co-ordinating the implementation of aging policy. One

government official did, however, indicate that there is little or no formalisation in interactions for the purpose of coordinating the implementation of programs for the elderly.⁶⁸

The implications of these conclusions are drawn out in the final chapter of the thesis.

CHAPTER V

Interactions for the Purpose of Co-ordination in the Field of Aging at the Municipal Level of Government

A Qualification

The third level of government that has a role in aging policy is the municipal government. Since a consideration of all municipal governments in Canada is beyond the scope of this thesis, only a case study of one local government is presented. The Regional Municipality of Niagara, a regional government in Ontario, and its area municipalities (five cities, five towns, and two townships) have been chosen for the case study. There are several reasons for this selection. They are:

1. The Niagara Region was the first regional area in Ontario to undergo full-scale regional reorganisation--1979 marked its tenth anniversary
2. The Regional Municipality of Niagara has been the subject of at least one review commission, the Niagara Region Study Review Commission of 1977 or the Archer Commission, and several studies to assess its performance
3. Niagara Regional government's Senior Citizens Department and its Director, who is also the current Chairman of Ontario's Advisory Council on Senior Citizens, have acquired national recognition as forerunners in the field of senior citizens' programs especially with respect to the development of a continuum of care for the elderly
4. The population over 65 years of age in the Niagara Region is .6% higher than the provincial average. This difference is expected to increase to 1.1% by 1986. Approximately 35-36% of Canada's elderly live in Ontario⁶⁹

The Regional Municipality of Niagara's
Role in Aging Policy

The role of Regional Niagara in the field of aging has to be understood within the context of provincial-municipal relations in general. Unlike federal and provincial governments, municipal governments are neither constitutionally ordained nor do they have constitutionally defined areas of jurisdiction. Section ninety-two of the British North America Act gives provincial governments responsibility for municipal governments (except in the Yukon and Northwest Territories). Provincial governments have

. . . the unrestrained power to create, alter, and abolish municipalities, and to exercise whatever degree and methods of control over municipalities and over actions taken by municipalities that the provincial government cares to implement.⁷⁰

Municipal governments are, therefore, the creations of provincial governments and have no legal right to their existence beyond the provincial legislation which created them. The provincial governments' control over municipalities extends beyond the ability of the former to create the latter. Whatever functions municipalities perform are delegated to them by their creators, the provincial governments. Most municipalities are created by general municipal acts (i.e., provincial legislation) that typically specify

. . . the service functions that can or must be performed by municipalities, the structure of municipal decision making, terms of office of elected councillors, qualifications for voters and candidates, and the extent of municipal powers to raise revenue.⁷¹

In addition, each province has a number of statutes and regulations

that affect provincial-municipal relations (e.g., police acts, education acts, health acts, planning acts, environmental pollution acts and assessment acts).⁷² It is no wonder that provincial-municipal relations have been compared to "father-child" or "master-servant" relationships.⁷³

The superior-subordinate relationship of provincial governments and their municipalities can also be illustrated by the way the former exercise supervision and control over the latter. In most provinces, there are two kinds of provincial agencies that have supervisory and control responsibilities over municipalities.⁷⁴ One is a provincial department of municipal affairs (in Ontario it is the Ministry of Intergovernmental Affairs) which is headed by a cabinet minister and is involved in the day-to-day supervision of municipalities (e.g., reviews municipal bylaws).⁷⁵ The other is a semiautonomous provincially appointed board (in Ontario it is the Ontario Municipal Board). These boards are usually separated from or loosely connected to departments of municipal affairs. Their mandates are more narrowly defined than those of provincial departments of municipal affairs. Provincially appointed boards, like the Ontario Municipal Board, deal with individual municipalities on a sporadic and issue-by-issue basis. Typically, they function as courts of appeal against decisions made by municipalities (e.g., municipal zoning bylaw changes).

Provincial governments also exercise supervision over municipalities in a financial way.⁷⁶ Municipal governments are limited in their ability to raise revenue. They are restricted

to only those sources explicitly granted to them by provincial governments. There are three basic municipal revenue sources (i.e., property taxes, permits and licenses, and, fines and other penalties). Generally, they are not sufficient to cover municipal expenditures. In fact, local governments have become increasingly dependent on grants from senior governments. Most of these grants come from provincial governments and they have strings (i.e., conditions) attached. Provincial conditional grants specify the uses of the money (i.e., the purpose of the grant) and municipal contributions (i.e., anywhere from 50 to 30 per cent of the shared cost arrangement). In this way, provincial governments are able to supervise their municipalities. Furthermore, the fiscal imbalance (i.e., municipal revenue sources as compared to their expenditures) has led to a trend in recent years for provincial governments to intervene in or assume local government responsibilities.⁷⁷

The preceding general overview of provincial-municipal relations leads to the conclusion that municipalities are clearly subordinate to their creators, the provincial governments. Any functions performed by municipal governments, including whatever role they have in aging policy, are delegated to them by their respective provincial government. Unlike the division of powers between federal and provincial governments, which is outlined in the British North America Act, municipal government responsibilities can be changed, removed, or eroded by provincial governments. As David Siegel notes, ". . . any delegation of power [to municipal governments by provincial governments] has been tentative and constrained by conditional grants and by the

need for approvals by cabinet, ministers or supervisory agencies."⁷⁸

Within the context of general provincial-municipal relations, what role does the Regional Municipality of Niagara have in aging policy? The regional government of Niagara is primarily involved in operating Homes for the Aged and developing a range of community-based programs for the elderly. Homes for the Aged are a type of living accommodation for the elderly that provides three levels of care--Residential Care (ambulatory), Special Care (confused), and Bed Care. Community-based programs include: Postal Alert Security, Day Care Program, Home Help Services Program, Senior Volunteers in Service Program, Talk-a-Bit Program, Meals-on-Wheels, Group Home Help Program (i.e., Satellite Home Care), and, Vacation Care Program. The government of Ontario subsidises the cost of some of these programs (i.e., Homes for the Aged and the Vacation Care Program). Other programs (i.e., Day Care Program, Home Help Services Program and Meals-on-Wheels) are received for a nominal cost by the recipient. Still other programs either involve no costs (i.e., Senior Volunteers in Service Program, Talk-a-Bit Program and Group Home Help Program) or are funded by nongovernmental charitable organisations (i.e., the United Way funds the Postal Security Alert Program). Financial assistance (e.g., Supplementary Aid for Seniors) is also administered by the Niagara Regional Government. The cost of providing such assistance is shared by all three levels of government (i.e., federal, provincial, and regional governments).

The Regional Municipality of Niagara's area municipalities have a minor role in the field of aging. For example, the Department of Finance in St. Catharines administers a program of reduced bus fare for seniors (the city picks up the deficit) and property tax credits for seniors who own residential or farm property (funding provided by the provincial government). Recreation departments/commissions in area municipalities (i.e., Grimsby, Fort Erie, Niagara Falls, Port Colborne and St. Catharines) with senior citizen centres (i.e., social and recreational centres for seniors) provide some form of assistance (e.g., the provision of facilities, equipment and/or advice) to the centres.

There are two additional types of programs available to the elderly at the regional level. Some health services (i.e., Home Care Program and Health Clinics for Seniors in senior citizens' complexes) are provided by the Niagara Regional Health Unit (i.e., a special purpose body). There is also a Niagara District Health Council, which is one of twenty-one district health councils in Ontario that serve as advisory bodies to the Minister of Health, but it does not deliver any services to the aged. It functions as a local planning body for health care services in the Niagara Region.⁷⁹ Nursing homes in Regional Niagara are owned and operated by individuals or corporate entrepreneurs, but they are licensed and supervised by the Ministry of Health. Senior citizen housing (i.e., self-contained low rental housing accommodation designed and constructed specifically for the aged under the provisions of the National Housing Act) is operated and managed by local

Housing Authorities (i.e., East Niagara Housing Authority and North Niagara Housing Authority) which fall under the southern Ontario Branch of the Ontario Housing Commission. Both the federal and provincial governments provide the deficit subsidy for senior citizens' low rental housing.

The Actors

Public organisations (i.e., regional departments)

While the preceding description of Regional Niagara's role in the field of aging suggests a multitude of departmental actors, this is not really the case. Most of the programs fall under the purview of one department. It is appropriately called the Senior Citizens Department. The Director of the Department is D. H. Rapelje. Prior to 1976, the Senior Citizens Department was called the Homes for the Aged Department. The latter title basically reflected the Department's role in operating five Homes for the Aged in the Niagara Region. Prior to 1976, the Social Services Department, another regional government department, had a Senior Citizens Branch. Since then, aging concerns have been generally consolidated under the Senior Citizens Department which is in charge of admissions to and the operation of Homes for the Aged as well as the development of a continuum of care (i.e., community-based programs) for the elderly. The Social Services Department, however, still administers financial assistance (e.g., Supplementary Aid for Seniors) for the aged.

It is clear from the above and from the very title of the Senior Citizens Department that it has major program

responsibilities in the field of aging at the regional level. Only two other regional government departments/agencies are involved in aging policy (i.e., the Social Services Department and the Niagara Regional Health Unit), but neither of them have major program responsibilities vis-à-vis the elderly. None of Regional Niagara's area municipalities have departments with key responsibilities in the field of aging. Consequently, the Senior Citizens Department is used as the focal department for the purpose of describing and analysing interactions for co-ordination at the regional level.

It is notable that neither of the senior levels of government have a department on aging. Much of the impetus of the Senior Citizens Department and the direction it has taken appear to be the result of both the insight and enthusiasm of its Director.

Other actors in the field of aging

Government institutions at the regional level

Government institutions at the regional level can not be discussed under the headings (i.e., the executive, the legislature, and the courts) used in the previous two chapters. These headings are not strictly applicable to regional government. For one thing, there is no cabinet. Regional Council is more like a legislature. In addition, there are no regional courts administered by regional government. It makes more sense, therefore, to describe government institutions active in the field of aging at the regional level under the general heading of governmental actors.

Governmental actors in the field of aging include:

1. The Chairman of Regional Council who is elected by the Council
2. Regional Council which is comprised of twelve mayors and seventeen directly elected regional councillors.
3. Two standing committees of Council (i.e., the Finance Committee and the Social Services Committee)
4. An Executive Assistant to Regional Council and its Chairman

With the exception of the Social Services Committee, the actors listed above are directly or indirectly involved in all areas of regional responsibility (i.e., debenture financing, regional water supply and purification, regional sewage disposal, police protection, health and welfare services, and conservation). Aging policy, itself, is considered *within* the larger context of health and welfare services.

Generally, the role of Regional Council (i.e., the twenty-nine councillors and the Chairman) is to make policy decisions in the areas of responsibility delegated to regional government by the government of Ontario. In fact, most of Council's work is done by four standing committees (i.e., the Finance Committee, the Planning and Development Committee, the Public Works and Utilities Committee and the Social Services Committee). These standing committees of Council function much like federal or provincial cabinet committees. Each one is comprised of eight to twelve regional councillors and is empowered to enquire into and report to Council on all matters within its area of responsibility (e.g., the Finance Committee on financial matters, the Public Works and Utilities Committee on public works and utilities). In addition, each standing committee supervises one or more regional government departments. For example, the

department heads (i.e., Directors) of the Senior Citizens Department and the Social Services Department report to the Social Services Committee.

Of all the governmental actors listed previously, the Social Services Committee is the most active in the field of aging. The Social Services Committee, under the umbrella of social services, is responsible for aging policy (i.e., those programs for the elderly delegated to regional government by the government of Ontario). More specifically, it is responsible for the operation of Homes for the Aged as well as the various community-based programs available to the elderly in the Niagara Region. The two regional government departments with program responsibilities vis-à-vis the aged (i.e., the Senior Citizens Department and the Social Services Department) report to the Social Services Committee which, in turn, makes recommendations for appropriate action to Regional Council. (There is no direct relationship between the Social Services Committee and the Niagara Regional Health Unit.)

Government departments and institutions at other levels of government and intergovernmental bodies

Government departments and institutions active in aging policy at federal and provincial levels of government are described separately in Chapters III and IV respectively. Intergovernmental bodies are discussed in Chapter VI.

Nongovernmental organisations

There are eighty-six senior citizens' organisations in Regional Niagara.⁸⁰ These organisations can be subdivided into four main types: organisations associated with elderly persons'

centres (or senior citizen centres); senior citizens' clubs; residents' councils; and, senior citizen advisory councils. Generally, these seniors' organisations provide social and recreational programs for the aged or offer information on aging concerns. The four types are discussed briefly below.

The vast majority of senior citizens' organisations in the Niagara Region are senior citizens' clubs. These clubs (e.g., Beamsville Senior Citizens Club, Club D'Age D'Or de Niagara) represent a social gathering of seniors who meet on a weekly, biweekly, or monthly basis in church halls or community buildings.

There are six elderly persons' centres in Regional Niagara (i.e., one in Fort Erie, Grimsby, Niagara Falls, Port Colborne, and two in St. Catharines). An elderly persons' centre is "a program and/or service centre for older adults."⁸¹ These centres are officially approved by Ontario's Ministry of Community and Social Services under the Elderly Persons' Centres Act. Their designation as elderly persons' centres makes them eligible for capital grants and operating subsidies from the Ministry of Community and Social Services. The actual programs, which are social or recreational in nature, provided by the centres are developed and executed by the seniors' organisations associated with the centres. For example, the Senior Citizens Association in St. Catharines operates the Dunlop Drive Elderly Persons' Centre.

There are eight residents' councils in the Niagara Region. Residents' councils are located in each of the five Homes for the Aged operated by the Senior Citizens Department and in three homes for the elderly run by charitable institutions.

Every council represents and speaks for the aged in the individual home. A residents' council "attempts to resolve problems and constructively contribute to the operation of the Home, as well as contribute personally in supporting the programs, aims and objectives of the individual Homes."⁸²

There are two senior citizen advisory councils in Regional Niagara. They are: (1) the Fort Erie Senior Citizens Advisory Board; and, (2) the Senior Citizens Advisory Council of St. Catharines. These Councils serve "to advise those Senior Citizens in the community in need of guidance and information."⁸³ The particular responsibilities of each Council vary according to the community it serves. Neither of the Councils, however, should be confused with federal or provincial advisory councils on aging. Unlike the latter, the former do not have an official relationship with government (i.e., regional government). Senior citizen advisory councils in the Niagara Region do not officially report to any member of Regional Council or submit briefs to the Senior Citizens Department.

One other nongovernmental organisation is active in the field of aging at the regional level. The Canadian Red Cross Society offers a variety of services (e.g., family health clinics, homemaker services, sickroom equipment) to the elderly in the community. These services are, however, not confined to the aged but apply to anyone in need.

Interactions Aimed at Co-ordination
in Aging Policy

Description and analysis of interactions

Internal interactions (within the Senior Citizens Department)

Intradepartmental interactions for co-ordination in aging policy occur between and among key officials in the Senior Citizens Department. Generally, co-ordination of services is one of the responsibilities of each regional government department.⁸⁴ More specifically, the Senior Citizens Department's delivery of programs for the elderly is co-ordinated through intradepartmental interactions facilitated by the way in which the Department is organised. All of the community-based programs fall under the supervision of a Community Services Support Co-ordinator. Each of the five Homes for the Aged is under the direction of an Administrator. Entry into either community-based programs or Homes for the Aged is handled by an Intake and Counselling Department (i.e., a division of the Senior Citizens Department) which provides an information and referral service for the elderly in Regional Niagara. These organisational features of the Senior Citizens Department are connected by several hierarchical and advisory relationships. The Community Services Support Co-ordinator, the five Administrators of Homes for the Aged, and, the Intake and Counselling Department are all in a line position vis-à-vis the Director of the Senior Citizens Department. They report directly to their department head. In addition, there are advisory relationships between:

1. The Community Services Support Co-ordinator and the five Administrators of Homes for the Aged

2. The Community Services Support Co-ordinator and the Intake and Counselling Department

3. The five Administrators of Homes for the Aged and the Intake and Counselling Department

The hierarchical and advisory relationships described facilitate intradepartmental interactions for the purpose of co-ordination.

The size of the Senior Citizens Department appears to have some effect on intradepartmental interactions. Relative to federal or provincial departments, the Senior Citizens Department is small. It has only three main divisions (i.e., community support services, general administration, and homes for the aged). Each division is directly under the Department's head. Two of the three divisions are responsible for the major programs (i.e., community-based programs and Homes for the Aged) provided to the elderly by the Regional Municipality of Niagara. The comparatively small size of the Senior Citizens Department fosters the development of person-to-person familiarity. In turn, person-to-person familiarity facilitates intradepartmental interactions. Familiarity does not ensure that interactions will occur; nor does it guarantee that interactions will be aimed at co-ordination. Familiarity does, however, create a climate conducive to intradepartmental interactions for co-ordination.

Interactions within the Senior Citizens Department might also be affected by the fact that the whole Department is devoted to aging concerns. Since all departmental officials are involved in the same area of activity, there is a greater likelihood of intradepartmental interaction. There are fewer

barriers to interaction than in departments whose officials are engaged in diverse activities. A greater likelihood of intradepartmental interaction also provides an atmosphere conducive to interactions aimed at co-ordination.

On the basis of the preceding description of interactions within the Senior Citizens Department, what can be said about formalisation and intensity? Intradepartmental interactions are both formalised and intense. First, co-ordination of services is one of the explicit responsibilities of each regional government department. Secondly, official approval for interactions directed at co-ordination within the Senior Citizens Department is indicated by the organisational features and the hierarchical and advisory relationships of the Department. Thirdly, although there is no co-ordinating mechanism to facilitate intradepartmental interactions (e.g., an intradepartmental committee on aging), the whole Department functions as a co-ordinating mechanism. The organisational features and relationships of the Department, as a whole, facilitate intradepartmental interactions. Fourthly, frequency of interaction is likely given the existence of hierarchical and advisory relationships. Finally, the creation of a department devoted solely to aging concerns and its role as a co-ordinating mechanism involve a sizable investment of resources.

Both control and influence can be exercised in intradepartmental interactions. The particular form of power used depends on the individual actors involved in these interactions. The Director of the Senior Citizens Department is able to

exercise both control and influence in his interactions with other departmental officials since he is the hierarchical head of the Department. The divisional heads of Community Support Services and Homes for the Aged can use control as well as influence within their respective divisions. Intradepartmental interactions between: (1) the Community Services Support Co-ordinator and Administrators of Homes for the Aged; (2) the Community Services Support Co-ordinator and the Intake and Counselling Department; and, (3) Administrators of Homes for the Aged and the Intake and Counselling Department involve the exercise of influence. The relationships of these actors are advisory in nature; so control cannot be used.

External interactions within government (between the Senior Citizens Department and other government departments and institutions at the same level of government)

Interdepartmental interactions occur between the Senior Citizens Department and other regional government departments. These interactions, however, are not directed at co-ordination in aging policy. They are more concerned with the overall administration of regional government departments.

Interdepartmental interactions are basically facilitated by a Department Heads Committee. The Committee is chaired by the Regional Chairman and comprised of the heads (i.e., Directors) of the eight regional government departments. Committee meetings provide:

. . . a forum in which the Department Heads of the Region can discuss issues of general interest, decide on appropriate action, and determine the administrative policies and procedures necessary to effectively carry out the administration of the Region on a uniform basis.⁸⁵

Committee meetings also "give each Department Head the opportunity to advise other Department Heads of proposed departmental recommendations to committees [of Council] . . . "86 From this brief description of interdepartmental interactions facilitated by the Department Heads Committee, it is clear that these interactions are not for co-ordination in aging policy. They either involve an attempt to co-ordinate the overall administration of regional government departments, or information exchange. In the first instance, co-ordination of the content of aging policy (i.e., the development and implementation of programs for the elderly), even within a larger policy context, is not really considered. In the second instance, information exchange is not the same as interactions specifically aimed at co-ordination.

Despite the existence of a Department Heads Committee, interdepartmental interactions are neither formalised nor intense with respect to co-ordination of policy in the field of aging. While these interactions are officially approved and facilitated by a co-ordinating mechanism, they are not directed at co-ordinating aging policy even within the context of a broader policy area. For this reason, they cannot be referred to as either formalised or intense.

Interdepartmental interactions, in general, involve the use of influence. No one department head possesses legal-rational authority over other department heads; so control cannot be exercised in interdepartmental interactions. The Regional Chairman, who chairs meetings of the Department Heads Committee, can use both control and influence in Committee meetings because he is a member of Regional Council.

Interactions between the Senior Citizens Department and other governmental actors (i.e., the Regional Chairman, Regional Council, the Social Services Committee and the Executive Assistant) are, for the most part, directed at co-ordination in aging policy. Most of these interactions occur in meetings of the Social Services Committee.

The Social Services Committee is responsible for the supervision of the Senior Citizens Department. The Committee, itself, is comprised of eight regional councillors and the Regional Chairman who is a voting member of each standing committee. The Director of the Senior Citizens Department reports to the Social Services Committee. Both the responsibility of the Social Services Committee and its membership ensure interaction between the Senior Citizens Department and other governmental actors. Moreover, this interaction is specifically aimed at co-ordination in the field of aging because the supervisory role of the Social Services Committee entails an interest in co-ordinating the development of programs for the elderly provided by the Senior Citizens Department.⁸⁷ Consequently, the Social Services Committee acts as a co-ordinating mechanism. It facilitates interaction between the Senior Citizens Department and other governmental actors for the purpose of co-ordination in aging policy.

There is also some interaction between the Senior Citizens Department and the Executive Assistant. This interaction, however, is not specifically for co-ordination. The Executive Assistant is not a Chief Administrative Officer. He functions

in a purely advisory capacity and has no line control over departments. The Executive Assistant interacts with all department heads mainly for the purpose of consultation upon request. In addition, he serves as a liaison between the Regional Chairman and department heads.

Interactions between the Senior Citizens Department and other governmental actors are formalised and intense. Official recognition is signified by the existence of a co-ordinating mechanism (i.e., the Social Services Committee). As noted previously, the Social Services Committee acts as a co-ordinating mechanism because it facilitates interaction between the Senior Citizens Department and other governmental actors for the purpose of co-ordination. While the Committee is concerned with all social services provided by regional government, aging policy is a major focus for its activities. Intensity is indicated by: the frequency of interaction provided by meetings of the Social Services Committee (i.e., the Committee meets two or three times per month); and, the resources required for Committee meetings.

Generally, both control and influence can be exercised in interactions between the Senior Citizens Department and other governmental actors. The Social Services Committee can use control and influence in its interactions with the Director of the Senior Citizens Department. The Committee's ability to exercise control is based on the fact that it possesses legal-rational authority (i.e., direct line control) over the Senior Citizens Department. The Director of the Senior Citizens

Department, on the other hand, can only use influence vis-à-vis the Social Services Committee. He is hierarchically subordinate to the Committee; so he is not able to exercise control over it. The inability of the Director to use control in his interactions with the Social Services Committee does not affect his ability to exercise a great deal of influence in these interactions. The Director of the Senior Citizens Department is, indeed, a very influential man. Not only is he the head of the Department, but he is also the current Chairman of the Ontario Advisory Council on Senior Citizens. Furthermore, the Director of the Senior Citizens Department is held in high regard throughout Canada for his expertise and insight in the field of aging. Interactions between the Senior Citizens Department and the Executive Assistant involve the reciprocal use of influence. Neither of these actors possesses legal-rational authority over the other.

External interactions outside government (between the Senior Citizens Department and government departments and institutions at other levels of government as well as intergovernmental bodies / between the Senior Citizens Department and nongovernmental organisations at the Regional level)

Intergovernmental interactions are discussed in Chapter VI of this thesis.

Governmental-nongovernmental interactions occur between the Senior Citizens Department and the various nongovernmental organisations active in the field of aging at the regional level. These interactions are, however, by no means uniform. For example, there is a close relationship between the Senior Citizens Department and residents' councils. Each Administrator of Homes

for the Aged has an advisory relationship with the residents' council located in his/her Home. The Director of the Department has his office in one of the Homes for the Aged (i.e., Sunset Haven). On the other hand, there is less contact between the Senior Citizens Department and seniors' clubs, centres, and advisory councils. The two advisory councils on aging have no official relationship with the Department. Elderly persons' centres are autonomous and self-operating. On occasion, the Director of the Senior Citizens Department contacts seniors' organisations that run the centres for the purpose of planning a joint event between elderly persons' centres and Homes for the Aged. The Department is also in touch with the numerous seniors' clubs in the Niagara Region. In fact, it produces an information brochure cataloguing and describing every senior citizens' organisation in Regional Niagara.

All of the governmental-nongovernmental interactions described above, however, are not directed at co-ordination. They generally involve information exchange and feedback. Consequently, these interactions are neither formalised or intense. Formalisation and intensity, as they are used in this thesis, only apply to interactions for co-ordination. It should be noted, nonetheless, that governmental-nongovernmental interactions at the regional level are officially approved and, at least in one case (i.e., between the Senior Citizens Department and residents' councils), frequent.

Influence is the form of power available to actors in any governmental-nongovernmental interactions. None of the

nongovernmental organisations described are linked to the Senior Citizens Department through a hierarchical (i.e., superior-subordinate) relationship. Control, based on the possession of legal-rational authority, cannot be exercised in governmental-nongovernmental interactions. If a broader interpretation of control is adopted, one can argue that the Senior Citizens Department can use control in its interactions with nongovernmental organisations based on its ability to develop and provide programs for the aged; and, supply information on aging concerns.

(Nongovernmental organisations in Regional Niagara do not have an advocacy role in the field of aging; therefore, they do not submit policy recommendations to the Senior Citizens Department.)

Chapter Summary

This chapter described and analysed interactions directed at co-ordinating aging policy at the municipal level of government. In particular, it entailed a case study of the Regional Municipality of Niagara.

The first part of the chapter outlined Regional Niagara's role in aging policy and the specific actors involved. Regional Niagara's role in the field of aging derives mainly from responsibilities delegated to it by the government of Ontario. These responsibilities include: the operation of Homes for the Aged; the development of community-based programs for the elderly; and, the administration of financial assistance to the aged. One regional government department, the Senior Citizens Department, has a major role in aging policy. Both Homes for the Aged and community-based programs fall under its purview. The Social

Services Department has a minor role in that it administers Supplementary Aid for Seniors. Two other kinds of actors are also active in the field of aging at the regional level. The Social Services Committee is the Committee of Regional Council responsible for aging policy. It supervises the Senior Citizens Department. Several nongovernmental organisations have a role in aging policy. Generally, they provide social and recreational activities for the elderly in the Niagara Region.

The main part of the chapter focused on interactions for the purpose of co-ordination in aging policy. Several categories of interaction were examined. The Senior Citizens Department was used as the focal department and each category of interaction was viewed from its perspective. A number of conclusions can be drawn from the above.

First, only two categories of interaction are formalised and intense. Both intradepartmental interactions and interactions between the Senior Citizens Department and other governmental actors (especially the Social Services Committee) exhibit the following characteristics:

1. They are officially approved
2. They are facilitated by a co-ordinating mechanism
3. They are frequent
4. They require a sizable investment of resources

All of these characteristics are indicators of formalisation and intensity.

Secondly, neither interdepartmental nor governmental-nongovernmental interactions are formalised or intense.

Interactions in both of these categories are not for co-ordination

in aging policy. The variables of formalisation and intensity, therefore, do not apply.

The form of power available to actors engaged in interactions in the field of aging at the regional level varies. Generally, intraorganisational (i.e., intradepartmental) interactions involve the use of both control and influence, while interorganisational (i.e., interdepartmental and governmental-nongovernmental) interactions involve the exercise of influence. The only exception to this generalisation is interaction between the Senior Citizens Department and other governmental actors (i.e., the Regional Chairman and Regional Council). The Social Services Committee can exercise control as well as influence in its relations with the Senior Citizens Department because it possesses legal-rational authority over the Department. The Department can only reciprocate with the use of influence. Interactions between the Executive Assistant and the Senior Citizens Department, however, involve influence alone. Neither of these actors possesses legal-rational authority over the other; so control cannot be exercised in their interactions.

Several additional conclusions are noteworthy. Most interactions aimed at co-ordination occur within the Senior Citizens Department. Moreover, these interactions focus exclusively on aging policy. They are also concerned with both policy development and implementation. In fact, one can argue that the Senior Citizens Department functions like a co-ordinating mechanism par excellence. Housing major programs for the elderly in one department facilitates interactions among officials

engaged in the development and implementation of these programs. The close proximity of officials to one another and their involvement in the same area of activity makes interactions easier to conduct and more likely. The likelihood of interaction is further reinforced by the Department's organisation and its hierarchical and advisory relationships. Officials responsible for the programs administered by the Senior Citizens Department are linked to each other in either a hierarchical or an advisory way. Hierarchical and advisory relationships indicate official approval for interactions and provide for frequency of interaction. Finally, the establishment and continued operation of a department devoted solely to aging policy that functions as a co-ordinating mechanism requires a significant investment of resources.

The existence of a department on aging whose various attributes make it a co-ordinating mechanism par excellence has two more implications. First, few, if any, interdepartmental interactions are necessary because responsibility for aging policy is not parcelled out among several departments. This can explain the absence of formalisation and intensity in interdepartmental interactions at the regional level. Secondly, a department on aging eliminates the need for other kinds of co-ordinating mechanisms. For example, an interdepartmental committee on aging is hardly necessary if all program responsibilities vis-à-vis the elderly are housed in one department.

CHAPTER VI

Interactions for the Purpose of Co-ordination in the Field of Aging Between and Among All Three Levels of Government

Governments' Role in Aging Policy

Each level of government's role in aging policy has been described in previous chapters. It is important to point out that while all three levels of government are active in the field of aging, the extent of their involvement varies.

Provincial governments are the most active in the field of aging for two basic reasons. First, health and social services as well as many other facets of aging policy are under the constitutional jurisdiction of provincial governments. Secondly, provincial governments are the creators of municipal governments to whom they delegate specific service functions and, at least in the Niagara Region, some of these functions pertain to programs for the elderly.

The federal government's involvement in the field of aging stems primarily from its jurisdiction in the area of income maintenance which evolved out of its post World War II commitment to the development of a national welfare state.⁸⁸ Since income assistance is only one facet of aging policy, the federal government's role in this policy area is limited.

The Regional Municipality of Niagara's activity in the field of aging arises from its responsibility for certain welfare services delegated to it by the government of Ontario. More specifically, Regional Niagara administers several programs for the elderly that are developed and supervised by the Ministry of Community and Social Services. (General policy guidelines for Homes for the Aged, community-based programs and financial assistance to the aged are developed by the Ministry of Community and Social Services which also supervises the implementation of these programs.) Regional Niagara's role in aging policy is, nonetheless, limited. The programs it administers only cover some facets of aging policy. Furthermore, responsibility for these programs can be changed, altered, or eroded by the government of Ontario.

Because all three levels of government are involved in the field of aging, albeit in varying degrees, some interaction between and among them for the purpose of co-ordination seems appropriate.

The Actors

All of the various actors (i.e., public organisations, government institutions, and nongovernmental organisations) engaged in aging policy at each level of government have been described in previous chapters. Major actors for each level of government include: social services and health departments, the executive of government, and certain nongovernmental organisations that represent or provide services to the elderly. Focal departments, departments of social services and health,

are generally the same at each level of government. Only the Regional Municipality of Niagara has a Senior Citizens Department. Both the multiplicity and similarity of major actors at each level of government are obvious and point to the need for interaction between and among them for co-ordination in aging policy.

Intergovernmental Interactions Aimed at Co-ordination in Aging Policy

Intergovernmental interactions refer to interactions between the focal departments and government departments and institutions at other levels of government as well as intergovernmental bodies. Rather than dealing with each of these interactions on a separate basis, they are described and analysed under the following subcategories of intergovernmental interactions: federal-provincial, interprovincial, provincial-municipal, federal-municipal, and, federal-provincial-municipal. The general nature of these subcategories of interaction is outlined, then specific remarks are made with respect to aging policy. Analysis of intergovernmental interactions is reserved for the latter part of the chapter.

Federal-provincial interactions

In general

Generally, federal-provincial interactions occur in a number of ways. These interactions take place on a formal basis (i.e., federal-provincial committee meetings or conferences) and on a less formal basis (i.e., outside of committee meetings or conferences). They also occur at two levels: elected official level, and nonelected official level.

The most obvious forum for federal-provincial interactions is the Federal-Provincial Plenary Conference or the First Ministers' Conference. The Conference is attended by the Prime Minister and the ten provincial Premiers. Meetings are held approximately twice a year. Over the years, conference agendas have covered a range of policy areas. Each meeting is, however, usually devoted to one policy area (e.g., energy, the constitution). Cabinet ministers whose departments are directly involved in the policy area discussed by First Ministers' Conferences often make representations at these meetings. Generally, these conferences are for the purpose of negotiating some form of agreement in overlapping or related areas of jurisdiction.

Federal-provincial interactions also occur among federal and provincial cabinet ministers. A number of ministerial conferences and committees facilitate these interactions. Ministerial conferences and committees focus on a specific policy area (e.g., energy and resources, environment, finances) and the appropriate ministers (i.e., ministers whose policy area is discussed) attend them. Meetings are chaired by federal cabinet ministers. Generally, these meetings work out arrangements between the two levels of government which are then taken back to cabinets and legislatures for approval. Sometimes tentative arrangements are made on matters that are subsequently dealt with by First Ministers' Conferences.

Beyond the ministerial level, federal-provincial interactions take place among bureaucrats from both senior levels of government. These interactions are facilitated by a

multitude of committees comprised entirely of nonelected officials from federal and provincial governments. Nonelected officials' committees vary according to their level of representation (i.e., deputy ministerial level, assistant deputy minister level, and, lower level officials) and the policy area (e.g., education, transportation, industry and trade) with which they are concerned. Deputy ministerial level committees generally provide secretariat services for First Ministers' Conferences and ministerial conferences. Committees composed of officials below the deputy ministerial level are either technical or operational in nature. Technical committees act as policy analysis and research groups, while operational committees tend to be directly involved in the implementation of joint federal-provincial programs. About ninety per cent of all formal federal-provincial meetings occur at the nonelected official committee level.⁸⁹ Technical and operational committees, in particular, account for more than two-thirds of all federal-provincial committees.⁹⁰

Federal-provincial interactions are also facilitated by various structures at each level of government. These structures include: cabinet committees, central agencies, certain departments, and units within departments. Their existence is, however, not uniform throughout all federal and provincial governments.

At the federal level of government, most of the forementioned structures exist, among other things, for the purpose of facilitating federal-provincial interactions. The

cabinet Committee on Priorities and Planning is charged with the responsibility of formulating the federal government's strategy vis-à-vis the provincial governments and "overseeing federal-provincial relations."⁹¹ The Federal-Provincial Relations Office, a central agency, serves as an advisor to the cabinet on federal-provincial relations and other central agencies make "a significant contribution to the process from the perspective of their own policy responsibility."⁹² In addition, several federal departments (e.g., Finance, External Affairs) have a division on federal-provincial relations.

At the provincial level of government, there are a variety of arrangements to facilitate federal-provincial relations, "but the trend is in the direction of separate departments or agencies of intergovernmental relations."⁹³ As early as 1961, the government of Quebec created a separate department for federal-provincial relations (i.e., the Department of Federal-Provincial Relations). In 1967, this department was reorganised and emerged as the Department of Intergovernmental Affairs. Almost a decade after Quebec's initiative, Ontario created a new kind of ministry, the Ministry of Treasury, Economic, and Intergovernmental Affairs, whose function was "to co-ordinate economic and financial policy as well as intergovernmental relations (federal, provincial and municipal)."⁹⁴ The Ministry has since been divided into two separate ones (i.e., the Ministry of Treasury and Economics and the Ministry of Intergovernmental Affairs). Four other provinces (i.e., Alberta, British Columbia, Newfoundland, and, Saskatchewan) have also established separate departments/

ministries for intergovernmental relations.

In addition to the various federal-provincial committees and structures at each level of government that facilitate federal-provincial interactions on a formal basis, interactions occur on a less formal basis. For example, the federal Minister of Health and Welfare interacts with her counterparts in provincial governments outside of the context of committee meetings.⁹⁵

With respect to aging policy

The preceding description of federal-provincial interactions focused on the general way in which the two senior levels of government interact. On the basis of this description, it is clear that there are many interactions between the two levels of government both among elected and nonelected officials in many policy areas. Does the same observation apply to federal-provincial interactions in the field of aging?

For the most part, federal-provincial interactions have not focused on aging policy. Aging policy has never been the subject of a First Ministers' Conference. One facet of aging policy, a national pension plan, was the focus of several First Ministers' Conferences in the mid 1960's. There is a ministerial meeting of federal and provincial health and welfare ministers, but it has never addressed aging policy as a whole. Its most recent meeting (Spring of 1981) did discuss pension policy, but this is only one aspect of aging policy. There are nonelected official level committee meetings that deal with the general area of health and welfare. Aging policy, in its entirety, has not been a subject of their concern. None of

the various structures that exist either at the federal or provincial level of government for the purpose of facilitating federal-provincial interactions have focused on aging policy. Consequently, there are few, if any, federal-provincial interactions in the field of aging. Furthermore, these interactions are not directed at co-ordinating aging policy. While co-ordination might be a byproduct of federal-provincial negotiations and arrangements, this is not the same as interacting for the purpose of co-ordination.

Do the various special units on aging facilitate federal-provincial interactions in the field of aging? The federal Department of Health and Welfare's newly created Office on Aging is expected to " . . . undertake an increasingly significant role in developing linkages . . . " ⁹⁶ with provincial departments involved in aging policy. Whether or not the Office on Aging lives up to this expectation remains to be seen. The special units on aging in seven provinces (i.e., Alberta, Manitoba, Newfoundland, Ontario, Prince Edward Island, Quebec, and Saskatchewan) do not have a role in facilitating interactions between their home departments and the federal Department of Health and Welfare. This same observation applies to federal and provincial offices on aging (i.e., the federal Consultant on Aging, Provincial Gerontologists, and Ontario's Program Consultants on Senior Citizens Services). At present, neither special units nor offices on aging facilitate federal-provincial interactions, let alone interactions for co-ordination in aging policy.

The paucity of federal-provincial interactions in the field of aging is further substantiated by the fact that officials from focal departments indicated that such interactions are rare.⁹⁷ The only exception to this general observation is the interaction that occurs between the New Horizons' staff and provincial departments of social services. This interaction, however, is basically for the purpose of information dissemination. In particular, the New Horizons' staff lets provincial social services departments know which seniors' organisations in their provinces have applied for New Horizons' grants and which applications have been approved.

Interprovincial interactions

In general

As is the case with federal-provincial interactions, interprovincial interactions occur in a number of ways. Many interprovincial interactions are conducted on a formal basis (i.e., interprovincial conferences or committee meetings), while some are less formal in nature (i.e., outside of committee meetings or conferences). These interactions also occur at two levels: elected official level, and nonelected official level.

The Conference of Premiers is the provincial version of the Federal-Provincial Plenary Conference or the First Ministers' Conference. It is attended by all ten provincial Premiers and their top advisors. Meetings are held annually and the federal government sends observers to them. The Conference of Premiers is used to discuss common problems and mutual questions of interest. Meetings of provincial Premiers

have become "a forum for expressing shared policy concerns . . . and provide opportunities for specific forms of interprovincial cooperation."⁹⁸

Interprovincial interactions are also facilitated by interprovincial ministerial meetings. These meetings focus on a certain policy area (e.g., welfare and social services) and are attended by provincial cabinet ministers involved in that policy area. For example, provincial social welfare ministers get together on a regular basis. The general purpose of all interprovincial ministerial meetings is information exchange.

Beyond the ministerial level, there are nonelected official level committees. They are not as numerous or prolific as their federal-provincial counterparts. Generally, nonelected official level committees at the interprovincial level provide secretariat services for other interprovincial conferences and meetings. These secretariats are normally part-time and composed of seconded officials from the provincial government that chairs the meeting.

Some provincial governments have special, separate departments that are responsible for interprovincial relations as well as federal-provincial relations (e.g., Ontario's Ministry of Intergovernmental Affairs, Alberta's Department of Federal and Intergovernmental Affairs, Quebec's Department of Intergovernmental Affairs and British Columbia's Ministry of Intergovernmental Relations have functions pertaining to interprovincial relations).

Interprovincial interactions also occur on a less formal basis. Often they are the result of personal friendships and

contacts developed among officials from various provinces. For example, officials from provinces with special units or offices on aging tend to know each other and, therefore, interact on a personal basis.

With respect to aging policy

While there appear to be many interprovincial interactions, this observation does not apply to interactions in the field of aging. Aging policy has never been a focus for Premiers' Conferences. Nonelected official-level committees generally perform a staff function and do not concern themselves with the specifics of any policy area per se. Special departments on intergovernmental relations, which include interprovincial relations, have not dealt with aging policy. None of the special units or offices on aging play a role in facilitating interprovincial interactions in the field of aging. Some officials from these units/offices on aging interact with similar officials from other provinces, but these interactions do not occur in an official capacity. They are frequently the result of personal friendships based on common membership in a nongovernmental organisation (e.g., the Canadian Association on Gerontology). Consequently, interprovincial interactions in the field of aging are uncommon. Furthermore, any interactions that do occur are not directed at co-ordinating aging policy but at exchanging information.

On at least one occasion interprovincial interaction officially addressed aging policy. A National Symposium on Aging was held in 1978 as a result of concerns brought to

interprovincial ministerial meetings of social welfare ministers.⁹⁹ The necessity of co-ordination in aging policy was a common theme at the Symposium. In fact, the Symposium ended with the suggestion that the interprovincial meetings of social welfare ministers set up some mechanism to facilitate interprovincial interactions in the field of aging.¹⁰⁰ The suggestion was, however, not acted upon.

Provincial-municipal interactions (i.e., interactions between the Government of Ontario and the Regional Municipality of Niagara)

In general

Provincial-municipal interactions in Ontario occur in a number of ways. These interactions tend to be formal (i.e., provincial-municipal committee meetings) and thus reflect the overall nature of provincial-municipal relations described in Chapter V of this thesis. They also take place at two levels: elected official level, and nonelected official level.

The Ministry of Intergovernmental Affairs is involved in the day-to-day supervision of municipalities, and the Ontario Municipal Board deals with municipalities on a more sporadic and issue-by-issue basis.¹⁰¹ Both the Ministry and the Board interact with local governments for the purpose of supervising and controlling the latter's activities.

There is a Provincial-Municipal Liaison Committee whose meetings occur eight to ten times a year, and bring together elected provincial and municipal officials in order "to discuss policies and programs affecting municipalities."¹⁰² Municipalities of Ontario are represented at committee meetings by the Municipal Liaison Committee, an umbrella organisation

spanning three municipal associations (i.e., Association of Municipalities of Ontario, Association of Counties and Regions of Ontario, and the Rural Ontario Municipal Association) and Metro Toronto. The provincial government is represented by the Minister of Intergovernmental Affairs and sometimes other ministers whose responsibilities have a bearing on municipalities. Provincial-Municipal Liaison Committee meetings "usually centre around proposed changes in legislation, the provincial budget, the municipal grant structure, and the general role and responsibilities of local government in the province."¹⁰³

Conferences of the three municipal associations mentioned above also provide an opportunity for provincial-municipal interactions. The associations are comprised of elected officials from local governments. Issues discussed at conferences form the main agenda for future discussions between association executives and the provincial government.¹⁰⁴ In addition, provincial ministers address these conferences.

There are also frequent consultations between provincial and municipal authorities "during the drafting of a bill, in the form of parliamentary committees, special conferences, working committees, etc."¹⁰⁵

Finally, provincial-municipal interaction is facilitated by conferences and meetings of associations of municipal civil servants (e.g., Municipal Engineers Association of Ontario). Provincial government officials "frequently attend the annual conferences or other meetings of these associations to explain provincial policies and obtain feedback."¹⁰⁶ There is even an

Advisory Committee of the Municipal Engineers Association

"which meets on a regular basis with the Minister of Transportation and Communications and his officials."¹⁰⁷

With respect to aging policy

The various forums for provincial-municipal interaction in Ontario do not facilitate interaction specifically for the purpose of co-ordination in the field of aging. Does this mean that there are no provincial-municipal interactions with respect to aging policy? No.

There are provincial-municipal interactions that focus specifically on aging policy. These interactions generally occur between major actors in the field of aging from the provincial government and the Regional Municipality of Niagara. The most important interactions are described briefly below.

The Ministry of Community and Social Services has a Program Consultant on Senior Citizens Services in the Niagara Region.¹⁰⁸ He is one of approximately fifteen Program Consultants servicing eleven areas in the province. The Program Consultant on Senior Citizens Services does not administer any programs for the elderly. As noted in Chapter V, the Regional Municipality of Niagara, through its Senior Citizens Department, in particular, is responsible for the administration of Homes for the Aged and community-based programs. The Program Consultant basically acts as the Ministry of Community and Social Services' resource person on seniors' services in the area. He is also the field link in the Ministry's chain of

command through which supervision and control are exercised over the program responsibilities of the Senior Citizens Department.

The Program Consultant on Senior Citizens Services interacts frequently with the Senior Citizens Department. After all, his clientele includes Administrators of Homes for the Aged and Supervisors of Home Support Programs (i.e., community-based programs for the elderly). In addition, the Program Consultant interacts, albeit less frequently, with recreation departments/commissions in area municipalities that provide facilities and passive supervision for elderly persons' centres. These particular recreation departments/commissions are also part of his clientele.

The Social Services Committee (i.e., a committee of Regional Council) plays an important liaison role between the Senior Citizens Department and major provincial departments involved in the field of aging. In fact, "an important function of the Committee is to work closely with the Ministry of Community and Social Services and Ministry of Health, in dealing with matters relating to long term care and other services for Senior Citizens."¹⁰⁹

Last, but not least, the Director of the Senior Citizens Department is a key figure in interactions between his Department and major actors in the field of aging at the provincial level.¹¹⁰ He is noted for his expertise and reputation in the field of aging. Over the years, the Director of Regional Niagara's Senior Citizens Department has developed a network of contacts with key actors

in aging policy across Canada. He is also the current Chairman of Ontario's Advisory Council on Senior Citizens which reports to the Provincial Secretary for Social Development, and a member of the Niagara District Health Council's Committee on Aging. For the above reasons, the Director of the Senior Citizens Department has frequent interactions with key provincial officials active in the field of aging (e.g., Ontario's Consultant on Gerontology, the Provincial Secretary for Social Development, the Program Consultant on Senior Citizens Services, officials from the Ministry of Health).

Despite the many provincial-municipal interactions (i.e., interactions between the government of Ontario and the Regional Municipality of Niagara) that occur with respect to aging policy, they are not specifically aimed at co-ordination. None of the actors in these interactions indicated that they are for co-ordination in aging policy. Several actors did, however, suggest that co-ordination is a byproduct of other activities (e.g., supervision and control) and not an activity in itself.

Federal-municipal interactions

In general

Generally, there is little direct interaction between federal and municipal governments. The reason for this is that, constitutionally, municipalities are wards of the provinces and not of the federal government. Provincial governments guard their positions vis-à-vis municipalities and resist any perceived federal encroachment on their prerogative. Consequently, provincial governments look with disfavour on direct federal-

municipal interaction and prefer that the federal government deal with municipalities through provincial administrations.

Regardless of provincial resistance, the federal government has intervened in municipal affairs. Often federal intervention has been indirect. For example, municipalities have had to adapt to the successive programs of the Canada Mortgage and Housing Commission.¹¹¹ There was at least one federal attempt to interact directly with municipalities. In the early 1970's, the federal government created a Ministry of State for Urban Affairs to co-ordinate federal urban-related activities.¹¹² This Ministry had no program or operational responsibilities, but part of its task was to promote co-operation with other levels of government in respect of urban affairs.¹¹³ Its ability to promote co-operation was curtailed by "the aggressiveness of the provinces in inhibiting direct federal-municipal relations."¹¹⁴ It is interesting to note that the Ministry of State for Urban Affairs no longer exists. It was officially dissolved and some of its functions have been taken over by the Canada Mortgage and Housing Corporation.

With respect to aging policy

There is virtually no direct federal-municipal interaction with respect to aging policy. This observation is not surprising given the general state of federal-municipal relations. The few interactions that occur take place between the federal Department of Health and Welfare's New Horizons' field representatives and local recreation departments/commissions involved with seniors' organisations.¹¹⁵

Even these interactions, however, are not for co-ordination. Information is exchanged concerning proposed and accepted applications for New Horizons grants.

Federal-provincial-municipal interactions
(i.e., trilevel interactions)

In general

Trilevel interactions are rare. There used to be a Tripartite or Trilevel Conference that facilitated interactions among officials from all three levels of government. The Ministry of State for Urban Affairs (no longer in existence) initiated conference meetings. The first one was held in 1972. Since then, meetings were held on an occasional basis. There have not been any meetings for the past five years. The impact of Tripartite or Trilevel Conferences on federal-provincial-municipal relations appears to have been negligible. One critic argued that "it cannot be said that these conferences have noticeably influenced central [federal and provincial] policies."¹¹⁶

With respect to aging policy

There are no trilevel interactions that focus on aging policy.

Chapter Analysis and Summary

This chapter, for the most part, described interactions between and among all levels of government in respect of aging policy. The interactions were discussed under five subcategories of intergovernmental interaction. Each category was viewed from the perspective of focal departments (i.e., the federal Department of National Health and Welfare, provincial departments

of social services and health, and Regional Niagara's Senior Citizens Department). Analysis of intergovernmental interactions according to the variables of formalisation and intensity, and the form of power available to the actors involved has been reserved for this part of the chapter.

All subcategories of intergovernmental interaction are neither formalised nor intense. Most of these subcategories have not dealt with aging policy. The only exception to this observation is provincial-municipal interactions in the province of Ontario. Furthermore, none of the intergovernmental interactions described are directed at co-ordinating aging policy. Consequently, intergovernmental interactions cannot be characterised as formalised or intense.

It should be noted that most intergovernmental interactions (i.e., federal-provincial, interprovincial, provincial-municipal, and federal-provincial-municipal interactions) are officially approved and mechanisms (i.e., intergovernmental committees and conferences) exist to facilitate them. Only federal-municipal interactions are on shaky ground because of provincial constitutional jurisdiction over local governments. The existence of mechanisms that provide a forum for intergovernmental interaction also makes frequency of interaction likely and indicates a sizable investment of resources. It must be remembered, however, that, regardless of the above, intergovernmental interactions are not for the purpose of co-ordination in the field of aging.¹¹⁷

Generally, influence is the only form of power available to actors in any intergovernmental interactions. The most

obvious example of the use of influence is in interprovincial interactions. Clearly, all provinces are constitutionally equal and separate spheres of jurisdiction. No province can control the actions of another province. Some provinces might be more influential than others depending on their own power resources (e.g., personal capabilities of officials, size and sophistication of provincial bureaucracies, possession of a valued good). Influence is the only form of power that can be exercised in federal-municipal and trilevel interactions. The federal government has no constitutional jurisdiction over municipalities; so control can not be used in interactions involving these two levels of government. Trilevel interactions also involve the exercise of influence for much the same reason. Federal-provincial interactions generally revolve around the reciprocal use of influence. Each of the two senior levels of government are supreme in their own areas of jurisdiction.

Provincial-municipal interactions are an aberration from the preceding observation about the exercise of influence in intergovernmental interactions. Provincial governments have constitutional authority over their creations, local governments. Consequently, the former can use control over the latter. In practice, the ability of provincial governments to overtly control municipalities might be mitigated by certain other considerations (e.g., public opinion, the countervailing use of influence by local governments).

What then can be concluded about intergovernmental interactions in the field of aging? Only provincial-municipal

interactions, at least in Ontario, are concerned with aging policy. Even these interactions, nonetheless, are not for co-ordination. They do occur at different levels (e.g., between the Ministry of Community and Social Services' Program Consultant on Senior Citizens Services and Administrators of Homes for the Aged, between Regional Niagara's Social Services Committee and the Ministries of Community and Social Services and Health, between the Director of Regional Niagara's Senior Citizens Department and Ontario's Consultant on Gerontology). Provincial-municipal interactions in Ontario are also frequent. Both the multiplicity and frequency of these interactions are linked to the general nature of provincial-municipal relations. Since municipalities are clearly subordinate to provincial governments and the latter exercise supervision and control over the former, interaction between these two levels of government is more extensive and frequent. Even in Ontario, however, there is no provincial-municipal committee on aging to facilitate provincial-municipal interactions in the field of aging. The existence of such a committee hardly seems necessary in view of the extensive and frequent nature of provincial-municipal interactions with respect to aging policy. Furthermore, as noted in Chapter V of this thesis, co-ordination appears to be a function of regional government departments.

CHAPTER VII

Concluding Remarks, Suggested Hypotheses and Recommendations

General Conclusions

The purpose of this thesis has been to identify, describe and analyse interactions specifically aimed at co-ordinating the development and implementation of aging policy at each level of government and between and among levels of government. The underlying intent of this endeavour was to discover major gaps in present governmental efforts to co-ordinate policy in the field of aging. The identification of gaps is particularly important since any existing problems are likely to be compounded as the number of elderly in Canada increases.

There is no doubt that an unprecedented, rapidly growing elderly clientele will have an impact on the governments of Canada. The impact of the geriatric boom can be roughly compared to the impact of the baby boom on governments in the 1950's and 1960's. No one was ready for those children. Will they be prepared for the aged?

In order to cope with a rapidly growing elderly clientele, governments must co-ordinate the development and implementation of aging policy. Co-ordination is necessary for:

the selection of appropriate policy decisions (i.e., policy efficiency); the avoidance of duplication and overlap (i.e., administrative efficiency); and, the provision of services that are effective and responsive (i.e., service efficiency). The absence of co-ordination or poor co-ordination in aging policy will be detrimental to the elderly, to the governments of Canada, and to society as a whole. Wasted or improperly used resources (e.g., time, money, personnel) do not benefit anyone.

An evaluation of existing efforts to co-ordinate the development and implementation of aging policy is, therefore, vital. There is still time to rectify any weaknesses. For this reason, the final chapter of this thesis is concerned with outlining and explaining its major findings. Several general comparisons can be made about the interactions described and analysed in Chapters III, IV, V, and VI of this thesis.

At the outset, it should be reiterated that all three levels of government have a role in aging policy and that program responsibilities vis-à-vis the elderly are parcelled out, in varying degrees, among several departments at both the federal and provincial levels of government. Major program responsibilities at the two senior levels of government, however, rest with departments of health and social services. In the Regional Municipality of Niagara, programs for the elderly are generally housed in one department--the Senior Citizens Department.¹¹⁸

Why is there no department on aging at either of the two senior levels of government? There are several plausible

explanations. First, in view of the federal government's limited role in the field of aging, a separate department devoted entirely to aging policy might not be necessary. Secondly, because aging policy is a relatively new policy area--most governments have not yet formulated official policy statements on aging--the need for a department on aging at either of the two senior levels of government might not be apparent. Thirdly, since aging policy is multifaceted and existing program responsibilities are shared by a number of departments, the creation of a separate department on aging might be undesirable. Finally, governments cannot establish new departments for every policy area nor is it politically and administratively feasible for them to do so.

With respect to the interactions described and analysed in this thesis, more categories of interaction are formalised and intense at the federal level of government than at any other level. There are intradepartmental, interdepartmental, and executive-bureaucratic interactions at the federal level that are: (1) directed at co-ordinating aging policy (mostly within the context of social policy); (2) officially sanctioned; (3) facilitated by several co-ordinating mechanisms; (4) frequent; and, (5) typified by a sizable investment of resources. Generally, only executive-bureaucratic interactions at the provincial level of government exhibit these same characteristics. More than one category of interaction is formalised and intense at the municipal level of government. Interactions within the focal department (i.e., the Senior Citizens Department) and between it and other governmental actors (e.g., the Social

Services Committee) are formalised and intense. Given the nature of municipal government (i.e., no cabinet, no central agencies or cabinet secretariats, and no committees of cabinet per se), however, there are fewer categories of interaction (i.e., no executive-bureaucratic category) to begin with.

What accounts for these variations among levels of government in the formalisation and intensity of categories of interaction? The most obvious answer to this question is that the lack of formalisation and intensity in certain categories of interaction (e.g., intradepartmental and interdepartmental interactions at the provincial level) reflects the need for interactions aimed specifically at co-ordination among the actors involved. It is noteworthy that many officials from provincial governments indicated that such a need existed especially between departments of social services and health. With respect to interactions at the municipal level, the existence of a department on aging lessens the need for other categories of interaction (e.g., interdepartmental interaction). A less obvious explanation for the variations noted above has to do with the quality of information provided by officials from each level of government. For example, the information received from the federal government was, for the most part, very detailed and extensive, whereas, in most cases, information from provincial sources was less comprehensive. The quality of information could have led to erroneous conclusions about the formalisation and intensity of certain categories of interaction.

Neither legislative-bureaucratic nor judicial-bureaucratic interactions are formalised and intense at either of the two senior levels of government. Parliament, federal courts, provincial legislatures, and provincial courts are not major actors in the field of aging. They do not interact with the focal departments for the purpose of co-ordinating aging policy. The lack of formalisation and intensity in legislative-bureaucratic and judicial-bureaucratic interactions is probably related to the relatively minor role played by the legislatures (i.e., parliament and provincial legislatures) and the courts (i.e., federal and provincial courts) in the field of aging.

At the municipal level of government, legislative-bureaucratic interactions are both formalised and intense. Interactions between the Senior Citizens Department and other governmental actors (especially the Social Services Committee--a committee of Regional Council) are: (1) directed at co-ordinating aging policy; (2) officially sanctioned and facilitated by a co-ordinating mechanism; and, (3) frequent and typified by a sizable investment of resources. Thus, with respect to legislative-bureaucratic interactions, the Regional Municipality of Niagara is different from the two senior levels of government. The reason for this difference rests with the nature of local government (i.e., no cabinet and committees of Council that supervise government departments).

Judicial-bureaucratic interactions in the Niagara Region are, however, another matter. These interactions are simply nonexistent. There are no regionally administered courts (i.e., courts under the jurisdiction of regional government).

Governmental-nongovernmental interactions at any level of government are neither formalised nor intense. While these interactions are officially approved and frequent, they are not directed at co-ordinating policy in the field of aging.

Governmental-nongovernmental interactions generally involve information exchange. Information exchange is necessary for the purpose of co-ordination; however, it does not necessarily mean that parts are properly related to one another. Interactions specifically aimed at co-ordination go beyond the mere exchange of information.

Why are governmental-nongovernmental interactions not directed at co-ordinating aging policy? The answer to this question is likely twofold. First, governments might view co-ordination as a function of departments and not of the clientele they serve or of representatives of that clientele. Secondly, co-ordination might be seen as an inevitable consequence of information exchange.

While the subject of governmental-nongovernmental interactions is being discussed, one dissimilarity concerning these interactions among levels of government is noteworthy. In general, there are more governmental-nongovernmental interactions at the provincial level of government than at any other level. Correspondence with provincial officials often indicated a close working relationship with certain nongovernmental organisations active in the field of aging. This close working relationship was noticeably absent from correspondence with federal officials and officials from the Regional Municipality

of Niagara. The reason for this particular difference might be linked to the fact that provincial governments have the most extensive role in aging policy, and it is, therefore, more likely that governmental-nongovernmental interactions will be concentrated at the provincial level than at any other level of government. Furthermore, nongovernmental organisations, at least in Regional Niagara, do not have an advocacy role in respect of aging policy. They exist basically for the purpose of providing social and recreational activities for the elderly. They are not engaged in research on aging concerns nor do they attempt to speak for the aged in the political arena.

Intergovernmental interactions are also neither formalised nor intense. As noted in Chapter VI, aging policy in its entirety has rarely been the focus of intergovernmental interaction let alone the object of co-ordination. The only exception to this observation is interactions between the government of Ontario and the Regional Municipality of Niagara.¹¹⁹ Even these interactions, however, are not aimed specifically at co-ordination in the field of aging. They largely involve provincial supervision and control over regional government responsibilities.

There are a number of possible explanations for the paucity of intergovernmental interactions in the field of aging, and, more specifically, the lack of formalisation and intensity in these interactions. First, although all three levels of government have a role in aging policy, they might not perceive a need for intergovernmental interaction directed at co-ordination. Secondly, co-ordination might be viewed as a

byproduct of other activities (e.g., intergovernmental negotiations and consultations, provincial supervision and control over municipalities). Therefore, it requires no deliberate effort (i.e., interactions aimed specifically at co-ordination). Thirdly, aging policy might not be salient enough to evoke intergovernmental interaction for co-ordination. Finally, there might be obstacles inherent in the bureaucratic organisation of governments that prevent or at least limit intergovernmental interactions for the purpose of co-ordination.

Beyond the comparisons among levels of government that pertain to the formalisation and intensity of the various categories of interaction, several additional, general conclusions are noteworthy.

Most interactions for co-ordination in aging policy at the federal and provincial levels of government occur in the executive-bureaucratic category of interaction. With the exception of Nova Scotia's Senior Citizens Secretariat (i.e., a cabinet committee), these interactions take place within a broader policy area (e.g., social policy). In the Regional Municipality of Niagara, however, most interactions occur within the focal department (i.e., the Senior Citizens Department) and they deal exclusively with aging policy. This dissimilarity might be related to the overall size and organisation of government and/or the fact that neither of the two senior levels of government has a department on aging.

There are more co-ordinating mechanisms that deal with aging policy, often within the context of a broader policy field, at the two senior levels of government than in the Regional

Municipality of Niagara. For example, both the federal and provincial governments have several co-ordinating mechanisms to facilitate executive-bureaucratic interactions (i.e., the cabinet, cabinet committees, and central agencies or cabinet secretariats). Only the Social Services Committee plays a remotely similar role in Regional Niagara. The existence of numerous co-ordinating mechanisms in the executive-bureaucratic category of interaction at the federal and provincial levels of government appears to be linked to the overall size and complexity of government and/or the absence of a department on aging.

Despite the existence of several co-ordinating mechanisms at both senior levels of government, relatively few of them deal exclusively with aging policy. There is no cabinet committee or interdepartmental committee on aging at the federal level of government. The federal Department of Health and Welfare does, however, have a Departmental Co-ordinating Committee on Aging (i.e., an intradepartmental committee). No other department discussed in this thesis has such a committee. Among the provinces, only one province, Nova Scotia, has a cabinet committee devoted exclusively to aging policy (i.e., the Senior Citizens Secretariat). Three provinces (i.e., Alberta, Saskatchewan, and Ontario) have interdepartmental committees on aging or some aspect of aging policy. Only two of these committees (i.e., Saskatchewan's Interdepartmental Committee on Senior Citizens and Ontario's Triministerial Committee on Housing for the Elderly) facilitate interaction for the purpose of co-ordination. Generally, aging policy is considered by more broadly oriented co-ordinating mechanisms (e.g., cabinet

committees on social development) at both senior levels of government. Because aging policy is accommodated by these existing mechanisms, there might not be a need for co-ordinating mechanisms devoted exclusively to policy in the field of aging. On the other hand, the paucity of interactions aimed at co-ordination in some categories at the provincial level (i.e., intradepartmental and interdepartmental interactions) might require the creation of co-ordinating mechanisms on aging.

Those interactions directed at co-ordination at the federal and provincial levels of government are concerned with policy development, whereas, interactions in the Regional Municipality of Niagara are generally conducted for the purpose of co-ordinating the implementation of programs for the elderly. What accounts for this difference? Since local governments are, by their very nature, service delivery oriented, they are more likely to be involved in co-ordinating the implementation as opposed to the development of programs. For example, the Regional Municipality of Niagara was delegated responsibility for, among other things, the delivery of certain social welfare services (e.g., Homes for the Aged, community-based programs for the elderly) in the Niagara Region. Those social welfare services applicable to the aged are mostly delivered by the Senior Citizens Department. Program development, in particular the development of broad policy guidelines, is, however, conducted by the government of Ontario (i.e, the Ministry of Community and Social Services). This division of responsibilities can account for the service delivery orientation of the Regional

Municipality of Niagara, and the program development orientation of its creator, the provincial government--at least in respect of aging policy. The federal government, on the other hand, does not really deliver much in the way of programs for the elderly. Its limited role in the field of aging might explain the absence of efforts to co-ordinate the implementation of aging policy at the federal level. Finally, co-ordination in policy implementation might be seen as a natural consequence of co-ordinating the development of policy and/or policy implementation might be co-ordinated at the field office level.

The last general conclusion is that the same patterns of control and/or influence among major actors in the field of aging for each category of interaction are evident at all levels of government. Generally, intraorganisational (i.e., intra-departmental) interactions can involve the exercise of both control and influence, while interorganisational (i.e., inter-departmental, executive-bureaucratic, governmental-nongovernmental, and intergovernmental) interactions entail the use of influence alone. The only exception to this generalisation is provincial-municipal interactions. Provincial governments can exercise control as well as influence in interactions with municipalities because the latter are under the constitutional jurisdiction of the former. The ability to use control depends on the possession of legal-rational authority and this explains the patterns noted above.

The Major Conclusion

One major finding emerges from the overall assessment of present governmental efforts to co-ordinate the development and implementation of aging policy. The level of government most active in this policy field, the provincial level, ranks below other levels of government with respect to deliberate attempts to co-ordinate aging policy.¹²⁰ Of those categories of interaction involving major actors, the following gaps exist:

<u>Level of Government</u>	<u>Category of Interaction</u>
federal	intergovernmental governmental-nongovernmental
provincial	intradepartmental interdepartmental intergovernmental governmental-nongovernmental
municipal (Regional Niagara)	intergovernmental governmental-nongovernmental

While interactions do occur in most of the above categories, they are not aimed at co-ordinating policy in the field of aging. The crucial point, however, is that there are more gaps at the provincial level than at the other levels of government. (See accompanying Tables 5, 6 and 7 for complete details.) It is reasonable to expect that the more active a government is in a policy field, the more effort it would make to co-ordinate its activities in that field. Why is this expectation not realised?

There are several plausible explanations for the existence of *all* gaps in interactions for co-ordination in aging policy and *especially* those at the provincial level. In the first place, the existence of gaps could be in part a function of the information received from key officials at each level of

TABLE 5

Modified Version of Kernaghan's Institutional Framework
 Level of Government--Federal
 Focal Department--Dept. of National Health and Welfare

1 Broad Patterns and Major Categories of Interaction	2 Actors	3 Form(s) of Power Available to Actors	4 Formalisation and Intensity of Interactions
Internal	Line Units Staff Units Field Units	Control, Influence	Formalised Intense
Intradepartmental			
External--Within Government	Focal Department Other Departments	Influence	Formalised Intense
Interdepartmental			
Executive- bureaucratic	Focal Department Prime Minister Cabinet Central Agencies	Generally, Influence	Formalised Intense
Legislative- bureaucratic	Focal Department Parliament Officers of Parliament	Control, Influence	Neither Formalised Nor Intense
Judicial- bureaucratic	Focal Department Supreme Court Federal Court	Control, Influence	Neither Formalised Nor Intense
External--Outside Government	Focal Department Departments and Government Institutions at Provincial and Municipal Levels of Government Intergovernmental Bodies	Influence	Neither Formalised Nor Intense
Intergovernmental			
Governmental- nongovernmental	Focal Department Nongovernmental Organisations	Influence	Neither Formalised Nor Intense

Modified Version of Kernaghan's Institutional Framework
 Level of Government--Provincial
 Focal Department(s)--Depts. of Social Services and Health

1 Broad Patterns and Major Categories of Interaction	2 Actors	3 Form(s) of Power Available to Actors	4 Formalisation and Intensity of Interactions
Internal	Line Units Staff Units Field Units	Control, Influence	Neither Formalised Nor Intense
Intradepartmental			
External--Within Government	Focal Department(s) Other Departments	Influence	Neither Formalised Nor Intense
Interdepartmental			
Executive- bureaucratic	Focal Department(s) Premier Executive Committee Cabinet Secretariats	Generally, Influence	Formalised Intense
Legislative- bureaucratic	Focal Department(s) Legislature Officers of Legislature	Control, Influence	Neither Formalised Nor Intense
Judicial- bureaucratic	Focal Department(s) Provincial Courts	Control, Influence	Neither Formalised Nor Intense
External--Outside Government	Focal Department Departments and Government Institutions at Federal and Municipal Levels of Government Intergovernmental Bodies	Generally, Influence Except in Provincial- Municipal Interactions	Neither Formalised Nor Intense
Intergovernmental			
Governmental- nongovernmental	Focal Department(s) Nongovernmental Organisations	Influence	Neither Formalised Nor Intense

TABLE 7

Modified Version of Kernaghan's Institutional Framework
 Level of Government--Regional Municipality of Niagara
 Focal Department--Senior Citizens Department

1 Broad Patterns and Major Categories of Interaction	2 Actors	3 Form(s) of Power Available to Actors	4 Formalisation and Intensity of Interactions
Internal	Line Units Staff Units Field Units	Control, Influence	Formalised Intense
Intradepartmental			
External--Within Government	Focal Department Other Departments	Influence	Neither Formalised Nor Intense
Interdepartmental			
Executive- bureaucratic	←—————	DOES NOT APPLY	—————→
Legislative- bureaucratic	Focal Department Regional Council	Control, Influence	Formalised Intense
Judicial- bureaucratic	←—————	DOES NOT APPLY	—————→
External--Outside Government	Focal Department Departments and Government Institutions at Federal and Provincial Levels of Government Intergovernmental Bodies	Generally, Influence Except in Provincial- Municipal Interactions	Neither Formalised Nor Intense
Intergovernmental			
Governmental- nongovernmental	Focal Department Nongovernmental Organisations	Influence	Neither Formalised Nor Intense

government. The information provided by provincial officials tended to be less comprehensive than that received from officials at other levels of government. Consequently, there might be more deliberate efforts to co-ordinate the development and implementation of aging policy than is apparent in the data supplied by provincial officials. Since there was no apparent reluctance on the part of provincial officials to provide information about their efforts to co-ordinate, it is more likely that the gaps in interactions for co-ordination are real. Secondly, co-ordination might be achieved or performed in ways other than through interactions explicitly directed at co-ordination. Co-ordination could be an implicit objective or unintended consequence of interactions designed for other purposes (e.g., information exchange, negotiation). It might also be viewed as an integral part of planning, organising, staffing, and so on. Thirdly, co-ordination could be perceived as unimportant. Governments might view duplication and overlap, in some instances, as beneficial. Duplication and overlap can act as safety valves in event of some breakdown or oversight.¹²¹ Finally, gaps in interactions could very well indicate the absence of efforts to co-ordinate aging policy. This explanation is especially persuasive in light of the fact that many government officials, particularly those at the provincial level, expressed a need for more co-ordination in the field of aging.

Bureaucracy--An Obstacle to Co-ordination?

There is an explanation for the existence of gaps in interactions for co-ordination that goes beyond those enumerated

above. It lies in the nature of bureaucratic organisations. If co-ordination is deemed desirable and it is performed or achieved through interactions specifically aimed at co-ordination, why do gaps exist in present efforts to co-ordinate aging policy? Why are these gaps especially prevalent at the provincial level of government?

Government departments are bureaucratic organisations and bureaucracies have certain inherent characteristics, both structural and behavioural, that inhibit interactions for co-ordination. Some of these are:

- large size
- a high degree of specialisation of functions
- rigid hierarchical relationships
- an emphasis on control
- a narrowly defined sense of loyalty
(i.e., loyalty to a particular administrative unit)
- competitiveness with other administrative units
- territorial sensitivity

Each of the above bureaucratic traits acts as an obstacle to interactions for co-ordination.

The relationship between characteristics of a bureaucratic form of organisation and interactions for co-ordination can be shown through the example of territorial sensitivity.

Departments see themselves as occupying a certain policy space.¹²² This policy space, in effect, defines the territorial boundaries of departments. Departments, by their very nature, seek to protect their boundaries. Anthony Downs refers to this protectionism as "territorial sensitivity."¹²³ Interactions with other departments, especially interactions that go beyond a mere exchange of information, can easily be interpreted as

jeopardising the policy space or territorial boundaries of departments. Interactions for the purpose of co-ordination are even more threatening when several departments occupy the same policy space (e.g., aging policy) because territorial boundaries overlap and, as a result, they are more susceptible to perceived encroachment. Consequently, territorial sensitivity inhibits interactions for co-ordination.

Territorial sensitivity is particularly important for understanding gaps in efforts to co-ordinate aging policy at the provincial level of government. Unlike the federal government and the Regional Municipality of Niagara, most provinces have two departments that share major program responsibilities in the field of aging--the departments of health and social services. There is, however, very little effort to co-ordinate the activities of these major departmental actors. Perhaps the reason for this finding is that the departments concerned are reluctant to interact with each other because of territorial sensitivity and its concomitant resistance to any perceived encroachment. Territorial sensitivity is less of an obstacle at the federal level of government and in the Regional Municipality of Niagara because only one department has major program responsibilities in the field of aging.

A number of other gaps in interactions for co-ordination can be explained by territorial sensitivity. Units within a department might see themselves as occupying a certain policy space and, therefore, be disinclined to interact with other departmental units. For example, there is very little interaction

among three divisions with program responsibilities vis-à-vis the elderly (i.e., Aging Services, Special Services and Field Services) in Prince Edward Island's Department of Health and Social Services. Territorial sensitivity is also characteristic of relations between and among levels of government. Each level of government seeks to protect its jurisdictional boundaries and intergovernmental interactions might be viewed as encroachments. This interpretation of intergovernmental interactions is held by provincial governments with respect to federal-municipal interactions. Territorial sensitivity is less applicable to governmental-nongovernmental interactions; however, one could argue that even these interactions involve an element of protectionism. For example, nongovernmental organisations engaged in the provision of certain services to the elderly might be seen as potentially usurping departmental functions. Hence, departments could be wary of any interactions with nongovernmental organisations that extend beyond an exchange of information.

While territorial sensitivity has been used to explain gaps in interactions for co-ordination in aging policy, it is only one of many obstacles inherent in the bureaucratic organisation of departments that hinder such interactions. One can take each of the previously enumerated traits of bureaucracy and show how it affects interactions.

The larger a department is, the more difficult interactions for co-ordination among the relevant actors become. The likelihood of interactions decreases as the size of the department increases. The converse of this association has already been discussed in reference to Regional Niagara's Senior Citizens Department.¹²⁴

A high degree of specialisation of functions detracts from interactions for co-ordination. As functions and the individuals performing them become more specialised, there is less of an opportunity for interactions. The likelihood of interactions decreases as the degree of specialisation increases.

Rigid hierarchical relationships are also detrimental to interactions for co-ordination. They emphasize superior-subordinate interactions at the expense of interactions outside of a hierarchical association. These latter interactions are necessary in large departments where the relevant actors might not be hierarchically linked. It is notable that all but one focal department--Regional Niagara's Senior Citizens Department--are large. The likelihood of horizontal interactions decreases as the emphasis on vertical interactions increases.

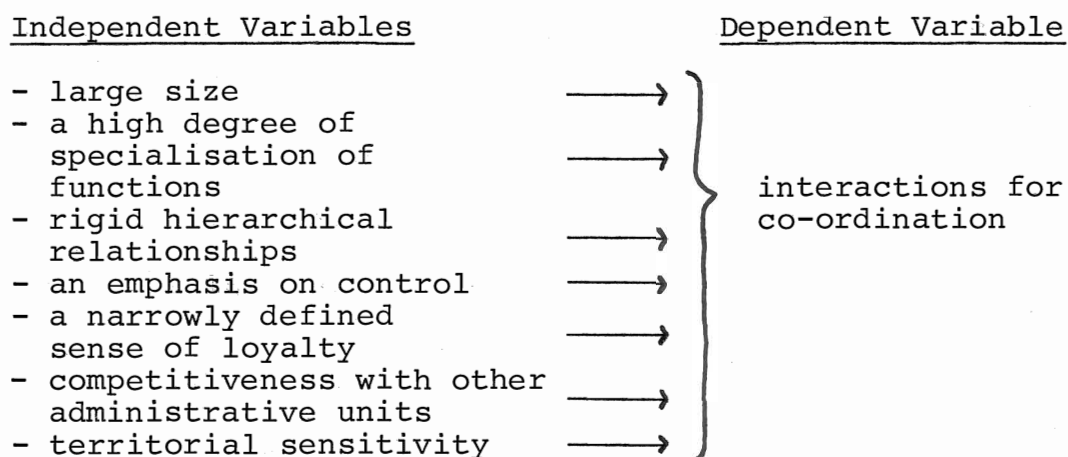
An emphasis on control, which is a crucial component of the bureaucratic form of organisation, detracts from certain interactions for co-ordination. As noted in Chapter I, interactions aimed at co-ordination can involve the use of control or influence. Most of the categories of interaction analysed in this thesis involve the exercise of influence. (See Tables 5, 6 and 7 for details.) An emphasis on control ignores the necessity of relations not based on the possession of legal-rational authority and jeopardises the effectiveness of interactions dependent on voluntary compliance. The likelihood of interactions involving influence decreases as the emphasis on interactions involving control increases.

A narrowly defined sense of loyalty inhibits interactions for co-ordination outside that sphere of loyalty. It is not

conducive to a common sense of purpose--a purpose that must spearhead any efforts to co-ordinate. Furthermore, a narrowly defined sense of loyalty might view interactions with other actors as disloyal. The likelihood of interactions decreases as the sense of loyalty becomes more narrowly defined.

Finally, competitiveness among departments for clientele, funds and status can hinder interactions for co-ordination. While competition is not necessarily counterproductive, it can lead to more conflict than co-operation. Interactions for co-ordination require co-operation among the actors. Conflict jeopardises these interactions. The likelihood of interactions decreases as competitiveness among departments increases.

In effect, each characteristic of bureaucracy can be treated as an independent variable and examined for its impact on interactions for co-ordination. The relationships are shown schematically below.



These associations add up to a more general relationship between a bureaucratic form of organisation (independent variable) and interactions for co-ordination (dependent variable).

Recommendations

The preceding discussion of obstacles inherent in the bureaucratic form of organisation and their impact on interactions for co-ordination has an interesting implication. Are these obstacles insurmountable? Do they make co-ordination, at least in the governmental context, impossible? Given the nature of bureaucracy, co-ordination is difficult but not impossible. How then can co-ordination in aging policy be improved?

Recommendations for improving co-ordination in the field of aging generally fall into one of two alternatives. One alternative involves the creation of co-ordinating mechanisms that deal exclusively with aging policy (e.g., interdepartmental committees on aging). The other alternative requires the establishment of a department on aging. This solution is the most extensive measure for improving co-ordination because all existing program responsibilities vis-à-vis the elderly would have to be siphoned into one separate department. It is notable that in the United States, the State of Connecticut has a Department on Aging whose broad mandate is "the development and administering of programs and services; and to provide planning, information and *coordination* functions."¹²⁵ [Italics mine.] Connecticut's Department on Aging is funded by both federal and state governments and uses staff from a variety of agencies and departments.

Both alternatives have their advantages and disadvantages. For example, a department on aging, like Regional Niagara's

Senior Citizens Department, can facilitate interactions for co-ordination more readily than if program responsibilities are parcelled out among several departments; however, can such a department find justification for its continued existence when the aging phenomenon is no longer a phenomenon?

The most practical and long-term solution to the need for co-ordination in aging policy or any policy field is to recognise that a bureaucratic form of organisation imposes certain obstacles to interactions for co-ordination. Regardless of any short-term solutions, these obstacles are enduring. The only way to ensure some measure of co-ordination is to make a conscious or deliberate effort to co-ordinate. This does not require a structural change so much as an attitudinal change. It is generally acknowledged that the latter is more difficult to operationalise than the former. Furthermore, a deliberate effort to co-ordinate does not necessarily guarantee co-ordination. It must be recognised, however, that given the obstacles inherent in a bureaucratic form of organisation co-ordination will not necessarily be performed or achieved unless a conscious effort is made. To assume that co-ordination will inevitably occur as part of other activities or as a result of them is to leave co-ordination up to chance. The need for a deliberate effort to co-ordinate can be easily overlooked, but the ramifications (i.e., poor policy, administrative and service efficiency) of such an oversight are obvious. The very obstacles impinging on interactions for the purpose of co-ordination make these interactions all the more essential.

How can an attitudinal change be brought about? A simple solution would be to assign responsibility for interactions for co-ordination in the job description of public servants. Assigning responsibility does not, however, mean that it will be fulfilled. A more effective but admittedly gradual and long-term approach would entail indoctrinating a value for interactions aimed at co-ordination through the organisational socialisation process. This process begins when an individual is recruited for a public service position and it continues throughout his/her civil service career. Through the organisational socialisation process: (1) the individual learns the expectations attached to the position he/she occupies in the organisation; and, (2) the individual internalises certain expectations as values.¹²⁶ Interactions for co-ordination should, therefore, be an expectation and internalised value of public servants. The likelihood of interactions for co-ordination in aging policy or any policy field is greater if a value for such interactions is internalised among the relevant actors.

In conclusion, the following remarks by Graham Clarkson should foreshadow the future.

There is little doubt that society will react and adapt in time to the changing age-mix of the population and the implications that this carries. Anticipating and planning for such change will assist in relieving problems before they get out of hand and cause needless difficulties. To do so effectively requires co-ordination in planning and in the development of programs and services to cope with changes as they develop. This will be difficult for it calls for unprecedented foresight and discipline.

To the extent that it is achieved it will allow the heterogeneous group of people classified as older citizens to exploit their later years to the full.¹²⁷

The evidence presented in this thesis suggests that Canadian governments have some distance to travel on the road of coordination in aging policy.

FOOTNOTES

¹United Nations, *The Aging of Populations and the Economic and Social Implications* (New York: United Nations, 1956), cited by Lewis Auerbach and Andrea Gerber in *Perceptions 2: Implications of the Changing Age Structure of the Canadian Population* (Ottawa: Minister of Supply and Services Canada for the Science Council of Canada, 1976), p. 3.

²People aged sixty-five and over are referred to as the elderly, the aged, or senior citizens throughout this thesis.

³The rest of the demographic projections are taken from Auerbach and Gerber's *Perceptions 2*, p. 3.

⁴Demographic evidence is taken from Ibid.

⁵The increased cost of providing programs for the aged is especially evident in the area of institution-based programs. Canada places more of its elderly in institutions (e.g., nursing homes, homes for the aged and chronic care hospitals) than most other Western countries. If the same proportion of elderly people continue to enter institutions, in Ontario alone \$50 million a year will be needed to provide beds for them. Within five years, the province will be spending \$90 million a year to operate new beds alone. See *Toronto Globe and Mail*, 17 March 1981, p. 12.

⁶The view of aging policy falling under the umbrella of social policy is the result of both the impressions received from correspondence with key officials at each level of government and the data provided by them.

⁷This definition of co-ordination was devised by the author of this thesis. After a careful consideration of the way in which the term co-ordination was used by theorists and practitioners, the definition used here seemed to be the most appropriate.

⁸The selection of appropriate policy decisions; the avoidance of duplication and overlap; and, the provision of effective and responsive services translate into the three kinds of efficiency described by A. W. Johnson in "Efficiency in

Government and Business," *Public Administration in Canada: Selected Readings*, 2nd ed., edited by W. D. K. Kernaghan and A. M. Willms (Toronto: Methuen, 1971), pp. 236-237. The three types of efficiency are: policy efficiency, administrative efficiency, and service efficiency.

⁹This description of aging policy will become more apparent as the chapters of this thesis unfold.

¹⁰Since federal, provincial and municipal governments are presently involved in the provision of programs for the elderly, it would make little sense to co-ordinate the development and implementation of aging policy at one level of government without a concomitant effort between and among levels of government.

¹¹A more comprehensive approach would be to examine interactions between and among actors in *several* policy fields but this kind of examination is beyond the scope of this thesis. In effect, it would require many separate studies whose findings could then be compiled for more definitive conclusions about co-ordination in government.

¹²It is difficult to analyse interactions without knowing their purpose. The purpose must be known in order to establish cause and effect associations. If the purpose of the interaction is not known, how can one be sure which interactions, in particular, perform or achieve co-ordination?

¹³This is not suggest that an exchange of information or some process of negotiation is incapable of facilitating co-ordination. For example, an exchange of information is necessary in order to bring parts into proper relations; however, it does not necessarily involve even an implicit effort to perform or achieve co-ordination. In other words, all co-ordination requires an exchange of information but all exchanges of information do not involve co-ordination. Consequently, it is more useful to focus on interactions that are known to include an effort to co-ordinate.

¹⁴Description and analysis can be more easily distinguished if the subject matter has already been investigated by other authors. In this case, the descriptive part might only entail a regurgitation of known facts, while the analytical part could shed new light on the known facts or dwell on their implications.

¹⁵See Cora Bagley Marrett's, "On the Specification of Interorganizational Dimensions," *Sociology and Social Research* 56 (October 1971): 89-92.

¹⁶It should be noted that not all interaction for co-ordination is officially approved and not all officially sanctioned interaction requires co-ordinating mechanisms.

¹⁷It should be noted that program co-ordination requires a greater investment of resources and more frequent interaction than ad hoc case co-ordination.

¹⁸John M. Pfiffner and Frank P. Sherwood, *Administrative Organisation* (Englewood Cliffs: Prentice-Hall, 1960), p. 77.

¹⁹W. D. K. Kernaghan, "Responsible Public Bureaucracy: a Rationale and a Framework for Analysis," *Canadian Public Administration* 16 (Winter 1973): 581.

²⁰*Ibid.*

²¹The description of Kenneth Kernaghan's institutional framework, pages 11 to 15 inclusively, is paraphrased from his unpublished "A Framework for the Description and Analysis of Public Organisations," June 1980.

²²Control "refers to that form of power in which A has authority [in the legal-rational sense] to direct or command B to do something." Influence, "a more general and pervasive form of power than control," is "when B conforms to A's desires on the grounds of suggestion, persuasion, emulation, or anticipation" See Kernaghan's "Responsible Public Bureaucracy," p. 581.

²³The federal government's activity in the area of income maintenance evolved out of its post World War II commitment to the development of a national welfare state. See the federal government's publication *The Income Security System in Canada: Report Prepared by the Interprovincial Task Force on Social Security for the Interprovincial Conference of Ministers Responsible for Social Services* (Ottawa: Canadian Intergovernmental Conference Secretariat, 1980), pp. 16-17.

²⁴Lola Wilson, transcript of an interview held by Kenneth Kernaghan in Ottawa, 26 August 1980.

²⁵In this thesis, central agencies are treated as staff supports for the cabinet and cabinet committees. They include: the Privy Council Office, the Prime Minister's Office, the Treasury Board Secretariat and the Federal-Provincial Relations Office. The Ministry of State for Social Development is also viewed as a central agency. The Treasury Board is treated as a committee of cabinet, while the Department of Finance is treated as a regular department.

²⁶N. McMillan, written correspondence, 9 January 1981.

²⁷See Canada, Senate, *Final Report of the Special Committee of the Senate on Aging* (Ottawa: Queen's Printer, 1966), pp. 60-67; and Canada, Senate, *Retirement Without Tears: The Report of the Special Senate Committee on Retirement Age Policies* (Ottawa: Minister of Supply and Services Canada, 1979), p. 13.

²⁸It is interesting to contrast the role of Parliament and the courts in Canada to the American Congress and courts in the field of aging. Both the House of Representatives and the Senate have Committees on Aging (i.e., special select committees). The Senate Committee in particular has been lobbying for better co-ordination in aging policy. The United States Supreme Court has been active in the area of mandatory retirement. Generally, American courts have fewer restrictions on their activities (i.e., no doctrine of parliamentary supremacy or its equivalent) than Canadian courts. On the whole, it appears that the Congress and the courts in the United States are more active in the field of aging than their Canadian counterparts.

²⁹In this thesis, advisory councils are treated as nongovernmental organisations. While they might be created and funded by government, their membership is largely composed of individuals from outside government. Advisory councils are also supposed to be independent from government.

³⁰National Advisory Council on Aging, News Release, 11 October 1980.

³¹*Ibid.*

³²*Ibid.*

³³Canadian Association on Gerontology, Information Sheet for Prospective Members.

³⁴*Ibid.*

³⁵The National Pensioners and Senior Citizens Federation, A Fact Sheet on Its History.

³⁶*Ibid.*

³⁷*Ibid.*

³⁸*Ibid.*

³⁹ Canadian Pensioners Concerned Incorporated, "Programme for Action," a pamphlet, January 1981.

⁴⁰ Ibid.

⁴¹ Excerpts from the Senior Centres Association of Ontario manual provided through written correspondence with Ann Heaven, 23 December 1980.

⁴² E. M. Murphy, written correspondence, 17 December 1980.

⁴³ Canada, Privy Council Office, *The Policy and Expenditure Management System* (Ottawa: Privy Council Office, 1981), p. 7.

⁴⁴ Ibid., pp. 7-8.

⁴⁵ Ibid., p. 7.

⁴⁶ Jeffrey Stanyer and Brian Smith, *Administering Britain* (Glasgow: Fontana/Collins, 1976), p. 165.

⁴⁷ Colin Campbell and George J. Szablowski, *The Superbureaucrats: Structure and Behaviour in Central Agencies* (Toronto: Macmillan, 1979), p. 24.

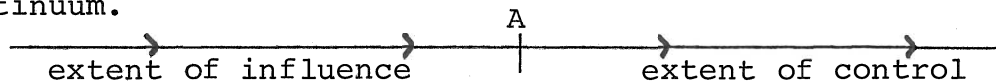
⁴⁸ Privy Council Office, *The Policy and Expenditure Management System*, p. 7.

⁴⁹ Ibid.

⁵⁰ Ibid.

⁵¹ Campbell and Szablowski, *The Superbureaucrats*, p. 148.

⁵² Schematically, influence and control can be placed on a continuum.



At point A, the exercise of influence can have the same impact as the exercise of control. In other words, a very influential actor can have other actors respond to him/her as though he/she possessed legal-rational authority.

⁵³ For a discussion of factors that mitigate the ability of parliament to effectively exercise its control over the

bureaucracy see C. E. S. Franks' "The Dilemma of the Standing Committees of the Canadian House of Commons," *Canadian Journal of Political Science* 4 (December 1971): 461-476. For an analysis of judicial control over the bureaucracy see J. E. Kersell's "Statutory and Judicial Control of Administrative Behaviour," *Canadian Public Administration* 19 (Summer 1976): 295-307.

⁵⁴Lola Wilson, transcript of an interview held by Kenneth Kernaghan in Ottawa, 26 August 1980.

⁵⁵Ontario's Adult Services Division is not just concerned with aged services, but with the whole area of social services for adults. Quebec's Un Service des Politiques for adults and elderly persons has, among other things, responsibility for developing policies on aging. While neither of these units are solely devoted to aging concerns, these concerns are a major part of their overall responsibilities. For this reason, both Ontario's Adult Services Division and Quebec's Un Service des Politiques are treated as special units on aging.

⁵⁶Mary Engelmann, written correspondence, 19 June 1980.

⁵⁷Alberta Provincial Senior Citizens Advisory Council, *Annual Report: a Proposal for an Institute of Gerontology in Alberta*, June 1979, p. 9.

⁵⁸S. L. Skoll, written correspondence, 19 November 1980.

⁵⁹*Ibid.*

⁶⁰N. Duane Adams, written correspondence, 10 June 1980.

⁶¹*Ibid.*

⁶²A confidential report.

⁶³Ontario, Ontario Task Force on Health Care for the Aged, *Report 1978* (Toronto: Ontario Council of Health, 1978).

⁶⁴F. R. MacKinnon, written correspondence, 31 July 1980.

⁶⁵Manitoba, Aged Services, *Inventory of Programs and Services for the Elderly in Manitoba*, 1980, p. 28.

⁶⁶Lawrence Crawford, interview held in Toronto, 12 December 1980.

⁶⁷See Chapter III, p. 49 of this thesis.

⁶⁸Mary Engelmann, written correspondence, 19 June 1980.

⁶⁹Regional Municipality of Niagara, *Niagara: Ten Years of Service for You*, Special Supplement to the *St. Catharines Standard*, October 1980, p. 13; and Lawrence Crawford, interview held in Toronto, 12 December 1980.

⁷⁰Donald J. H. Higgins, *Urban Canada: Its Government and Politics* (Toronto: Macmillan Company of Canada Limited, 1977), p. 53.

⁷¹*Ibid.*, p. 54.

⁷²*Ibid.*

⁷³Dale E. Richmond, "Some Common Issues in Provincial-Municipal Transfer Systems," *Canadian Public Administration* 23 (Summer 1980): 254.

⁷⁴The description of provincial departments/agencies that exercise supervisory and control responsibilities over municipalities is taken from Higgins', *Urban Canada*, pp. 71-73.

⁷⁵Recently, the province of Ontario shifted responsibility for municipal affairs from the Ministry of Intergovernmental Affairs to the Ministry of Housing and the latter's name is now the Ministry of Municipal Affairs and Housing.

⁷⁶The description of provincial-municipal financial relations is based on Higgins', *Urban Canada*, pp. 60-71; and C. R. Tindal and S. Nobes Tindal, *Local Government in Canada: an Introduction* (Toronto: McGraw-Hill Ryerson, 1979), pp. 35-39.

⁷⁷Higgins, *Urban Canada*, pp. 55-56.

⁷⁸David Siegel, "Provincial-Municipal Relations in Canada: an Overview," *Canadian Public Administration* 23 (Summer 1980): 289.

⁷⁹In 1977, the Niagara District Health Council's Committee on Aging participated in a Data Base Pilot Project that was developed by the Ontario Council of Health. More specifically, the Committee studied health planning in aging policy. The results of this study were compiled in a *Basic Planning Report on Aging* (December, 1977). A preliminary report (October, 1977) was submitted to the Work Group of the Task Force on the Planning Function of District Health Councils

(i.e., a task force of the Ontario Council of Health). Both reports by the Committee on Aging suggested a need for improved co-ordination in the field of aging.

⁸⁰Regional Municipality of Niagara, Senior Citizens Department, *Directory and Survey for Senior Citizens' Clubs and Centres in the Regional Municipality of Niagara*, April 1979, p. 1.

⁸¹*Ibid.*, p. 49.

⁸²*Ibid.*, p. 51.

⁸³*Ibid.*, p. 50.

⁸⁴Regional Municipality of Niagara, *Ten Years of Service*, p. 6.

⁸⁵*Ibid.*

⁸⁶*Ibid.*

⁸⁷Regional Municipality of Niagara, Senior Citizens Department, *Information Brochure: Programmes and Services for Senior Citizens in Regional Niagara*, July 1980, p. 5.

⁸⁸Canada, *The Income Security System*, pp. 16-17.

⁸⁹Richard Simeon, *Federal-Provincial Diplomacy: the Making of Recent Policy in Canada* (Toronto: University of Toronto Press, 1972), p. 134.

⁹⁰Richard J. Van Loon and Michael S. Whittington, *The Canadian Political System: Environment, Structure and Process*, 2nd ed. (Toronto: McGraw-Hill Ryerson, 1976), p. 368.

⁹¹Campbell and Szablowski, *The Superbureaucrats*, p. 153.

⁹²*Ibid.*, p. 51.

⁹³Kenneth Kernaghan, "The Power and Responsibility of Intergovernmental Officials in Canada," a paper prepared for the Annual Conference of the Institute of Public Administration of Canada, Winnipeg, 31 August 1979, p. 15.

⁹⁴Marsha A. Chandler and William M. Chandler, *Public Policy and Provincial Politics* (Toronto: McGraw-Hill Ryerson, 1979), p. 102.

⁹⁵E. M. Murphy, written correspondence, 17 December 1980.

⁹⁶*Ibid.*

⁹⁷Among others, Mary Englemann, written correspondence, 19 June 1980.

⁹⁸Chandler and Chandler, *Public Policy and Provincial Politics*, p. 154.

⁹⁹Mary Englemann, written correspondence, 19 June 1980.

¹⁰⁰*Ibid.*

¹⁰¹Higgins, *Urban Canada*, pp. 71-73.

¹⁰²Gérard Divay, "Supply and Production of Local Public Services in an Evolving Intergovernmental Context or Once Municipal Autonomy Is Forgotten, Local Initiative Capabilities Remain to Be Developed," a paper prepared for the Tenth National Seminar of the Institute of Public Administration of Canada, Banff Springs, October 1979, p. 17.

¹⁰³Siegel, "Provincial-Municipal Relations," p. 316.

¹⁰⁴*Ibid.*, p. 314.

¹⁰⁵Divay, "Supply and Production," p. 17.

¹⁰⁶Siegel, "Provincial-Municipal Relations," p. 313.

¹⁰⁷*Ibid.*

¹⁰⁸Details on the Program Consultant on Senior Citizens Services were received during the course of an interview with John van Vliet, the Consultant for the Niagara Region, in St. Catharines on 8 December 1980.

¹⁰⁹Regional Municipality of Niagara, Senior Citizens Department, *Information Brochure*, p. 5.

¹¹⁰ Impression received from several different interviews. John van Vliet, interview in St. Catharines, 8 December 1980; Lawrence Crawford, interview in Toronto, 12 December 1980; Clarence A. Holder, interview in Niagara Falls, 2 December 1980; and Doug Rapelje, interview in Welland, 19 September 1980.

¹¹¹ Divay, "Supply and Production," p. 9.

¹¹² David M. Cameron, "Urban Policy," in *Issues in Canadian Public Policy*, ed. G. B. Doern and V. S. Wilson (Toronto: Macmillan, 1974), pp. 230-240.

¹¹³ Ibid., p. 244.

¹¹⁴ Donald Smiley, *Canada in Question: Federalism in the Seventies*, 2nd ed. (Toronto: McGraw-Hill Ryerson, 1976), pp. 66-67.

¹¹⁵ Len McLelland, interview in St. Catharines, 21 November 1980.

¹¹⁶ Divay, "Supply and Production," p. 17.

¹¹⁷ It is interesting to note that the Niagara District Health Council's Committee on Aging in its report to the Work Group of the Task Force on the Planning Function of District Health Councils emphasized "the need for better co-ordination between all local [in the Niagara Region] health and social services and all levels of government in the provision of health and social services [to the aged]." See Niagara District Health Council's *Data Base Pilot Project*, October 1977, p. 43.

¹¹⁸ The comparisons made throughout Chapter VII in respect of municipal governments apply only to the Regional Municipality of Niagara.

¹¹⁹ This observation is based on the case study of the Regional Municipality of Niagara provided in Chapter V and Chapter VI of this thesis. It might or might not be applicable to provincial-municipal relations in other provinces.

¹²⁰ This does not mean that provincial governments rank below other levels of government with respect to the services they provide for the elderly. The major conclusion only pertains to the extent to which the governments of Canada have attempted to co-ordinate aging policy.

¹²¹The benefits of duplication and overlap are discussed by Martin Landau in "Redundancy, Rationality, and the Problem of Duplication and Overlap," in *Current Issues in Public Administration*, ed. Frederick S. Lane (New York: St. Martin's Press, 1978), pp. 234-249.

¹²²The concept of policy space is taken from Anthony Downs, *Inside Bureaucracy* (Boston: Little, Brown and Company, 1967), p. 212. It is not synonymous with organisation space.

¹²³*Ibid.*, pp. 212-216.

¹²⁴See Chapter V, p. 98 of this thesis.

¹²⁵A confidential report.

¹²⁶Kernaghan, "Responsible Public Bureaucracy," p. 591.

¹²⁷Graham Clarkson, "The Need for Co-ordination in Planning and in Programs and Services," a paper prepared for the National Symposium on Aging, Ottawa, 25-27 October 1978, pp. 13-14.

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